Clinical Lecture
ON
MORPHŒA ("ADDISON'S KELOID").

Delivered at University College Hospital,

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GENTLEMEN,—The disease to which I wish to direct your attention to-day, and which receives a remarkable illustration, in a most exaggerated form, in the case of the girl, E. J——, in Ward 3, is Morphœa. It is the same as that described by Dr. Addison as keloid, and known, at Guy's Hospital particularly, at the present day as "Addison's keloid"—an unfortunate designation, because the disease has no relation to keloid. Some writers—for example, Neumann—describe the whitish anæsthetic patches which occur in the anæsthetic form of leprosy under the term morphœa; but the disease to which I now refer is wholly different: it is an independent malady, quite distinct from leprosy.

I will, in the first instance, give you a brief sketch of the features of a typical case of morphœa. The disease occurs in patches, almost always circular in form. These patches are only slightly elevated, and have a white, waxy, polished look, a very firm feel, and a dull reddish-coloured margin, or lilac circle of minute vessels. The centre of the patch is less sensitive than the healthy skin; it may be nearly anæsthetic. The disease is due to a deposit of fibroid material in the true skin, which often obliterates the vessels, hairs, glands, and nerves. There may be one or more patches, and these patches may vary much in size. The first appearance is a small, white, indurated *plaque*, edged round with a ring of vessels. The disease tends to spontaneous cure in many cases, and then the white centre gradually resumes its colour, its softness, its vascularity, and its sensibility. In some severe cases, however, the deposit has interfered so much with nutrition that the normal textures are left shrunken and atrophied. The patches occur chiefly about the back of the neck, the upper part of the chest, the breast, the abdomen, the thigh, the the arm, and the face. In the atrophic form deformity results, as in the face. It is usually unilateral, but may be, rarely, symmetrical, as in the present case. It occurs in delicate females; and, lastly, it is often the early stage of scleroderma, or is found in conjunction therewith. The disease is a fibroid degeneration of the skin.

Now, let us compare the notes of our case, for which we are indebted to Mr. Garlick, with the above description, and then proceed to point out the peculiarities of the disease in our patient; and, finally, speak of prognosis and treatment.

E. J——, aged nineteen, has been a domestic servant for four years. She has always been well fed and clothed, and usually lived in dry and healthy parts. Her father died a month ago of a paralytic stroke; previously he was a healthy man. Her mother is still alive; she suffers a great deal from rheumatism in the head and face, but is otherwise healthy. The patient has a brother and a sister alive; the former is weak, but neither has any scrofulous history. She has had one brother die, she states, after amputation of the leg for white swelling of the knee, the result of a slight injury. There is no history of phthisis in any member of the family. She herself has always been healthy. She says that the skin affection commenced in October, 1872; she was quite well at the time. She first noticed a white spot on the right side of the neck, about as large as a sixpence; it was not painful, but it was shining, and had, in fact, all the characters that it now presents. It spread quickly from its starting-point, which was about an inch below the lobe of the right ear, round the neck under the chin to a similar point on the left side; and as it extended she experienced a difficulty in bending the neck down, from a feeling of tightness in the skin, but could easily turn it to one side. Two patches then formed on the chest, one above each breast; they began as white pimples, soon spreading and becoming larger, but she cannot give a distinct idea of their rate of growth. About the same time she noticed spots on the arms at the bend of the elbow, and as they spread she found some difficulty in extending the arms (chiefly on the right side); the movement of extension soon also became very limited. Not very long after she noticed a large patch on the left thigh, which soon spread over nearly the whole of the thigh in front; the movements of the hip-joint were unimpaired. Soon after the right thigh became the seat of the disease, a patch commencing in front near the top, and spreading from that all round the thigh. Since the patient has kept her bed it has spread down both legs. The breaking out she describes as coming like long cracks in the white mass, as if cut, and a disagreeable-smelling discharge of watery fluid comes away, the bottom of the fissures looking green, and the whole being very painful. The white masses partly come away, and leave a shining, red, hard, glazed cicatrix.

Present state (Jan. 30th).—Patient complains of pain in both knees, of a shooting character, and much increased by contact with the clothes. Says she has a feeling of tightness in the chest on taking a deep breath, and has become short of breath; she has noticed this since the spots came on the chest. She has a widely distributed alteration in the skin, very symmetrical on the two sides, and apparently of two kinds, which, however, graduate into one another at parts—viz., white, hard, elevated patches, and red, hard, inelastic, and thickened, but not elevated skin,—affecting mainly the limbs and neck. The white patches vary in size from a line in diameter on the right instep to widespread masses, as those on the thigh. They are of a dead-white colour, opaque-looking, as if a white mass were under the cuticle and elevating it; no hairs are seen in them, but the follicles are dilated and plugged with brownish matter inside. No sweat-glands are to be seen. The whole mass is sometimes slightly elevated; the margins are usually well defined, in some parts being of a purple colour, in others passing into the firm red skin, and at other parts abruptly into the healthy skin. Some patches present bright-green subcuticular points, whilst others are more or less red in the centre. To the touch the masses are firm and cannot be pinched up; when touched lightly in the centre patient cannot feel it, but soon finds out if pressed a little harder. Some of the patches are ulcerating and discharging a yellowish clear fluid; others, which she says have ulcerated, have left the skin shining, red, and hard. The character of the other form of diseased skin consists in redness and induration, and contraction so as to flex the joints. The surface is neither elevated nor shining.

Distribution.—A mass on the right side of the neck, commencing above on a level with the lobe of the ear, and extending to the outer part of the cheek, passing down the outer part of the face and neck, and coming to a point under the chin about the middle line. A similar shaped mass on the opposite side has the same distribution, and comes to a point under the chin a little way from the middle line. The upper angle on both sides in the bend of the neck is thickly crusted and dry. A patch exists on and above each breast, of the same shape on both sides, measuring about three inches transversely and two from above downwards. Both of these patches have a lilac-coloured border at their inner and lower parts; they are not so hard as most of the patches, and are redder in the centre. Another commences on the right shoulder at the root of the neck, and passing down the outer side of the arm, at the level of about an inch and a half below the anterior fold of the axilla, stretches round the arm, losing the white and shining character, and passing into the other form, which envelops the arm except at the inner side near the elbow, where the skin is healthy. The surface of the front of the arm near the elbow-joint is tight, not corrugated, and the joint is kept at rest at a right angle, extension being impossible, and flexion only practicable through a few degrees, the pain being referred to the skin above the elbow. The skin of the forearm is hardened and red, whitish below; and there is a patch on the back of the hand. Extension is pretty free at the wrist, but flexion almost wanting, the joint being held straight. The skin is ulcerated at three points—viz., the middle of bend of elbow in front, the inner side of arm, and over the centre of the radius on the outer side. The skin of nearly all the left arm is similarly affected, the white, waxy character being marked above, and reaching higher towards

the neck than on the right side. The skin on the outer side of the arm and behind above the elbows is healthy. Movement at the elbow-joint is much easier than on the right side, the forearm moving from about an angle of 170 degrees to one of 40 degrees with the arm. The left wrist can be bent to about half a right angle from the straight position, and extension is free. The skin of the left forearm is not so much implicated as that of the right. Patches are present on the outer part of both buttocks, affecting the whole of the skin there; passing down around both thighs, implicating the whole skin, and ulcerating on the inner side; running down both legs, in the right one nearly to the ankle, with a few patches on the instep. Large patches also pass down the left leg, the healthy part being chiefly behind and below; a patch also on the instep. Both knee-joints are flexed at a right angle, and movement is very limited. Flexion and extension are free in the ankles.

Feb. 11th.—Patient sleeps and eats well; bowels habitually confined. Says she suffers no pain except when she is being dressed. The sores have been healing since she has been in the hospital. About a week ago one broke out opposite the flexure of the left elbow. On the left leg, on the inner side, opposite the junction of the upper and middle thirds, is an oval patch about two inches by an inch and a half. This patch is elevated, white with the cuticle desquamating, gives an obscure sensation of fluctuation, and is very tender to the touch, but is not spontaneously painful. She says she expects that it will form a sore.—12th: Bowels were opened yesterday by an ounce of saline aperient. She feels well in her general health. The patch of the disease described yesterday is more elevated, and has been giving her pain, which shoots up her leg to the other sore places; there is also a slight throbbing sensation in it. When gentle pressure is exercised over the patch a thin, nearly transparent liquid issues from beneath the patch at its lower end.—14th: Patient had not quite so good a night, in consequence of shooting pain in the sore above the right elbow; and the itching of the legs was so great that she could have scratched them if the bandages had been off. A poultice was applied to the patch of the disease described above.—16th: The poultice was renewed only twice. The patch above mentioned has become sodden, and when the thicker superficial layer of epidermis is raised a surface which is dead-white, resembling lard in appearance, can be seen; this substance, however, is not greasy to the feel, but is friable. The pain in the sore above her elbow was very bad yesterday. Poultices to be changed every four hours.—17th: She has slept well, and has been free from pain. Bowels not open yesterday; tongue clean. There is no change since yesterday in the patch on the left leg; she says the poultices relieve the pain in it. The sores on the legs and arms are diminishing in size. Urine acid; sp. gr. 1016; no albumen; no sugar. The addition of a solution of iodine to some of the crust from the patch on the left leg turned it of a dark-brown colour, much darker than that of the solution. The same change was observed in the epidermis scales under the microscope.—19th: The only time she suffers pain in the patch on the leg is when the poultice is first applied. To-day she has more pain in the sore above the right elbow.—20th: Last night she perspired very profusely and was very thirsty. She is thirsty to-day, and says her head has been aching. 2.30 P.M.: Pulse 100; temperature 99°. She has not taken her dinner so well to-day, and says she could not take her oil, because it made her feel sick. She does not look so well. There is a small ulcer at the lower end of the patch on the left leg, the floor of which has a pale-green colour. The patch is very tender to the touch. She does not complain of pain in any of the other sores.—21st: She is better; has had a good night, but complains of pain in the sore above the right elbow. A portion of the crust or slough of epidermis was taken from the patch on the left leg and placed in a solution of iodine, containing four grains of iodine and eight grains of iodide of potassium to one ounce of water; the colour which the tissue then presented was decidedly darker than that of the surrounding liquid.—23rd: She complains of having a cold in her head, but is better in other respects; takes her food better, and does not complain of any particular pain. The sore and the patch on the left leg are still very tender to the touch; the ulcer is a little larger, and its floor is still of a greenish tint.—24th: Her cold is better. The sores generally are improving. The ulcer in the patch on the left leg is about the size of a sixpence; it was dressed this afternoon with litharge ointment, and a poultice applied over it and the patch. Dr. Fox thinks that the patch of morphœa on the back of the right hand is thinner. She is taking confection of senna (one drachm) every morning, which, she says, gives her great pain until it has operated.—25th: Her general health is good. She says she is sure the white patch on the back of each hand is redder and thinner than it was; the patches on the breasts, she says, are also thinner and redder than they were; this is especially the case in the centre of the patch.—26th: The sores on the left arm are nearly well. On the right arm the sore above the wrist is very painful, and is covered in some places with a black slough. The sores on the legs are much improved. A small blister on the front of the left knee, which was noticed to be there on Feb. 11th, was pricked to-day; a thin, clear fluid exuding, which was neutral in its behaviour with blue litmus and turmeric paper. This blister was painful when pressed. Poultice stopped.—27th: She does not complain of anything. On wiping the discharge away from the ulcer in the patch on the right leg, granulations can be seen over its floor; the ulcer is slightly larger, and is very tender to the touch, as is also the skin about it.—She soon went to Eastbourne for change of air.

I do not think it necessary to trouble you with further details.

Now, as to the antecedents in this case, you will note that there was no distinct state of ill-health in the girl. Her present appearance indicates that she is a weakly and semi-strumous subject. All that you can generally say of patients who get morphœa is that they are "out of health," in the way of general debility. This girl was even well fed. No assignable exciting cause, then, can be given for her malady. Next as to the history of the disease. It began, as morphœa usually does, by a painless, whitish, and indurated spot, which gradually augmented in size. But in her case the disease is much more extensive than I have seen it before. It is very typical in the patches about the chest, just above the breast on either side, and the backs of the hands; in the opaque whiteness, the induration, the diminished sensibility, and the edging round of the patch by a vascular ring of dullish hue. But in other parts the circular patch character of the disease is not seen; the disease has become diffused, as it were, over large tracts of surface, and the skin is so deeply and extensively altered that considerable deformity is produced, with limitation of the movement of the subjacent joints in consequence. It is this state of things that reminds one of the condition known as scleroderma, and in fact the disease has passed, as it were, into scleroderma, only that the elevation of the parts is not so distinct as usual, and the colour is not so yellowish-white or dark as in scleroderma. But in that disease you not infrequently notice that the central main tract of disease is raised, indurated, brawny, and dirty yellow-white, whilst the edges are white and alabaster-like, as in morphœa, a state of things that discloses the real relationship which exists between the two conditions.

The disease in this girl, unlike morphœa as the rule, is symmetrical. Another point in which it differs from typical cases of morphœa is in the ulceration of several of the patches. But this is to be readily explained by the profound alteration of the skin, and the consequent disruption of the natural structures. You will observe also in this case the ordinary process of cure which nature provides in morphœa. If you have examined carefully from time to time the patches about the breast since the girl's admission to hospital, you will not have failed to notice that whereas at the outset the central portions were white and markedly indurated, they are now losing this aspect and feel. They are softer, less thickened, and fine vessels are now seen to be coming into view from below, as it would seem; in fact, the infiltrated material is being gradually absorbed, and no doubt, as in less severe cases, the skin will gradually recover its natural condition, but only after a long time. In other parts of the body in our patient, as in severe cases of morphœa, the infiltration is so complete and excessive as to destroy the normal textures, or to disorganise them beyond the possibility of repair, and therefore permanent atrophy, cicatrisation, and deformity result on removal of the infiltrating material.

In our case, unquestionably, a certain amount of deformity will result about the elbow and knee joints, though with

care the present degree of deformity will be much reduced.

Now, gentlemen, in private practice you will occasionally meet with cases of morphœa. Once recognise its general character, and you will not be likely to err in diagnosis if you recollect that it usually occurs in the form of one or more small patches about the face, the breast, or the abdomen or limbs. The affected point out to you a little whitish place, that may be mistaken for leucoderma; but, unlike leucoderma, in many places there is a distinct textural alteration of the whole skin, and the lilac ring of vessels is mostly very distinct. And you may tell your patient that with care the disease, if moderate in degree, will vanish under appropriate treatment. But where the morphœa becomes diffuse, as it were, you must anticipate for your patient a certain degree of atrophy and deformity, especially if the seat of disease is about the eye.

And lastly as to treatment. The patient was thin, anæmic, greatly debilitated and depressed on admission. We have done nothing locally for the morphœa, but have fed her up well and administered cod-liver oil, quinine, steel, and the like, and she is gaining strength, colour, and flesh, with a corresponding diminution of her disease.

Whenever you meet with cases of morphœa in practice, your duty is to adopt a similar line of treatment, and, above all things, never to apply irritants to the part affected, but to protect it from irritation of every kind. The skin is the seat of defective nutrition, and this must be remedied by influencing it through the general health, and not by the use of any local remedies except such as soothe and protect the part.

[The patient subsequently went to Eastbourne, and returned greatly improved, with the wounds healed, and in a condition which enabled her to walk comfortably and to do some little work, the improvement still continuing.]

EXPLANATORY REMARKS ON THE TREATMENT OF STRICTURE OF THE URETHRA AND GLEET.

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(*Concluded from page 810.*)

POINT 6TH.—"Stricture is most frequent in the first inch from the meatus, and is less frequent as the distance from the entry increases." Mr. Hill dissents from this proposition, and says: "In 258 strictures Dr. Otis found 115 in the first inch and a quarter, and the remainder in decreasing frequency in each succeeding inch. This, you know," says Mr. Hill, "is contrary to the received doctrine, which places stricture most frequently at the bulbo-membranous part. My own view does not support Dr. Otis's statement. In 1870," he says, "I recorded 63 strictures examined with bulbous sounds at the Male Lock Hospital in 1869, when I found them 43 times between four inches and a half and six inches." I would simply recall the fact that, at the date of these examinations, the *urethrometer* had not been devised, and consequently in all cases where the meatus was of less size than the deeper urethra no efficient examination was possible; and all strictures of larger calibre than the external orifice of necessity escaped detection. Had the explorations been conducted from behind forwards, as with the urethrometer, I feel quite confident that a difference of opinion on this point would not have been recorded. In all cases of stricture of gonorrhœal origin, we might infer, *à priori*, that the stricture would occur most frequently where the inflammation had been most intense and prolonged—i.e., at the anterior portion of the canal. Strictures from lithiasis, masturbation, excessive venery, traumatism, &c.,* would naturally be expected in the deeper portions of the canal. The fact that no thorough examination of the urethra, with reference to stricture, can be made without the urethrometer must, I think, make it necessary to throw out all recorded results as to the exact number, size, and locality of strictures when the explorations have been conducted by means of instruments of uniform size, or even with the bulbous sound or bougie alone.

In regard to the seventh point—viz., that "complete division of stricture and maintenance of the normal urethral calibre, until the incision is thoroughly healed, prevents return of the contraction, and, moreover, causes absorption of the indurated tissue from the affected part," I am able to add five additional cases to the thirty-one referred to by Mr. Hill, where, out of 100 cases reported, this number was demonstrated to be absolutely free from stricture upon a thorough re-examination, at periods varying from a few months to three years and a half from the dates of operation. Mr. Hill's observation of sixteen cases has left him in doubt as to whether or not "permanent absorption" follows *complete division* of stricture. Previously to citing the results of operation in these sixteen cases (fifteen operated on by himself and one by me), Mr. Hill alludes to my method of operating on stricture for the cure of gleet. He says: "A patient applies for the cure of gleet. His gleet must be the consequence of stricture. Find that stricture; cut it completely through to the erectile tissue, so as to make the urethra a little wider than before, and take care to maintain this artificial patency while the incision is healing. *The cure is then permanent and complete.*" Now, if Mr. Hill were speaking of the cure of *stricture* instead of *gleet*, the description of the method could hardly be improved; but to say that the cure of a gleet is immediate, complete, and permanent, after the operation on the stricture, is what I do not desire to claim. I would be understood as holding that *stricture is the cause of gleet*, and that *its removal* is necessary to the permanent cure of gleet. I have already alluded to conditions, implications of deep follicles and sinuses, &c., which may prolong the gleet indefinitely after the cure of the stricture. The removal of the stricture or strictures is the *first* condition of permanent cure of gleet, and in the *majority of cases*, after this is accomplished, the gleet will cease, without other treatment, in from one to four weeks after the healing of the wounds. But in exceptional cases the condition before alluded to—the legitimate results of stricture in certain individuals—will keep up the gleet for an indefinite period, and must be treated on general principles, final success depending upon the character of the especial complication, the knowledge, skill, and ingenuity of the surgeon in charge of the case.

Finally, Mr. Hill proceeds to consider the results of operation on his sixteen cases, all of which he fairly states were in individuals "who had long-standing gleets, with contraction in one or more parts of the spongy urethra, and had undergone multifarious treatment." Strictures were examined for, and found. They were operated on in supposed accordance with the method previously described, and five out of the sixteen cases operated on by Mr. Hill were promptly cured of both stricture and gleet. A sixth operated on by me was reported cured after five months "by other means." In the remaining ten recontraction of the strictures took place, and the gleet persisted. Why? Evidently because of the recontraction of the strictures. And why did the recontraction take place? Why did the strictures disappear completely in five cases and reappear in ten? Simply, as I apprehend, because in case of the latter *the strictures were not completely divided.* This is not remarkable, it seems to me, under the circumstances, although Mr. Hill used his own ingenious modification of my dilating urethrotome, and observed all the principles necessary for the successful performance of the operation in these ten unsuccessful cases. *Complete* division of stricture, in my experience, cannot be demonstrated at the time of the operation. A certain amount of distension is necessary to fix the stricture before it can be completely divided; hence a sufficient time must elapse after the operation to test the question as to whether the strictures are, or not, completely divided, and this is never less than ten days or two weeks. If after this time an examination with the full-sized bulbous sound shows complete freedom from stricture, there need be (judging from my own experience) no fear of any return of stricture. If, on the contrary, remains of stricture are detected, it is the evidence of incomplete division, and the operation must be repeated, and the remaining fibres severed. Without *complete and absolute*

* Thompson on Causes of Organic Stricture. Eng. Ed., p. 115.

sundering of the stricture to its ultimate fibre, recontraction sooner or later is *certain*. It is not a question of using my urethrotome or Mr. Hill's, or any other special instrument, but one of principle. It is not a question of whether division of strictures may be effected by one operation or ten; neither the permanent cure of stricture nor of gleet can be reasonably expected while a fibre of the stricture remains undivided. Let the sundering be complete, and proven by a re-examination at a period sufficiently long after the operation to give security against mistaking *over-distension* for *complete division*, and I will not hesitate to take the responsibility of claiming ultimate *absolute permanent* removal of urethral strictures.

In describing my urethrotome Mr. Hill is somewhat in error. He says: "A small cutting edge, previously concealed at the end of the dilating part, is drawn along the tightly stretched tissue to the meatus, ... making a long furrow in the mesial line in the roof of the urethra." He further says: "Disliking this long cut, which divides uncontracted parts, I have employed, except in one case, a stricture incisor which, while it stretches the urethra to the size previously determined, cuts only where it is strictured." My object has always been to divide *only* contracted tissue. Strictures have been carefully located and measured before operation. The knife which is concealed at the end of my instrument is drawn through the stricture and at once returned to its concealment. If other strictures are present, the instrument is especially readjusted for them.

Mr. Hill records against my mode of procedure "persistent bleeding" in four cases; "rigors" in three; "abscess in the buttock" in one; "curvature of the penis" in one; "orchitis" in one. This certainly looks like a formidable array of accidents to occur in sixteen cases. 1st. In regard to "persistent bleeding." This accident, if accident it can be termed in cases where vascular tissues are freely and intentionally incised, may always be readily and easily controlled. Simple compression by an ordinary bandage will always stop it in the spongy portion of the urethra. The introduction of a flexible tube after the operation will always prevent it. The magnitude of the object to be attained will warrant the employment of either or both of these simple measures in every case, and will give security, perfect and complete, against any injury from hæmorrhage. 2nd. "Rigors" occurred in three cases. The simple passage of any instrument through the curved or fixed portion of the urethra may alone suffice to produce this accident, and would be still more liable to result upon dilatation of this part. My plan is never to pass beyond the bulbous urethra if it is possible to avoid it, and my own urethrotome has been contrived expressly with the view of dividing strictures, as far as the bulb, *without entering the fixed portion of the urethra*. Acting on this principle, rigors have not occurred in more than one out of a hundred cases, in my experience. From this I am able to state that all operations confined strictly to the penile urethra are virtually free from danger of this accident, or from any marked constitutional disturbance, except in cases habitually subject to this trouble. 3rd. "Abscess of the buttock" is recorded against one operation. This might be accepted as accounting for the rigor which it may be presumed occurred in this case, but cannot be entertained as the result of any operation upon the penile urethra. 4th. "Orchitis" followed the operation in one case. Orchitis is recognised as occurring not unfrequently from the simple passage of any instrument through the curved portion of the urethra. I have never met with it as the result of any interference with the spongy portion of the canal.

In one of Mr. Hill's cases—that operated on by myself—persistent bleeding is noted, and notwithstanding the assiduous passage of sounds, his gleet persisted for five months ("until Christmas"), and was then cured by other means; and, besides, a scar or induration remained in the erectile tissue which gave a crook to the organ on erection. It seems to me not irrelevant to state that this case was operated on by me in the theatre of the University College Hospital under the impression that he was to receive care immediately after the operation. It turned out, however, that he was an out-patient. He subsequently drove his van for several miles, then walked a couple of miles, and returned at about 10 P.M. to the hospital, was subjected to treatment for his hæmorrhage, and had some constitutional disturbance for several days. I think this inflammatory complication, which undoubtedly caused the induration in the erectile tissue, would rarely occur in cases where the necessary care and rest are insisted on.

Out of between five and six hundred operations I have seen six cases followed by the crook or curvature to which Mr. Hill alludes, in the worst case persisting about a year; but in all of these inflammatory trouble succeeded the operation. In two a urethritis was present, which had persisted acutely for several months, and in the others extensive, very dense, and deep strictures were divided. It is a question whether this rare accident would ever occur if the strictures were uniformly divided on the floor of the urethra, as Mr. Hill is in the habit of doing. My cases were all cut superiorly and in the median line, as I believed I could more certainly sunder the strictures in this way, and with less liability to troublesome hæmorrhage. I am at present making observations with the view of ascertaining the best point for division, and I may ultimately coincide with Mr. Hill in incising strictures on the inferior floor of the canal.

The final cure of gleet in the last-mentioned case is stated to have taken place five months after my operation, "by other means." At the date of operation it was one of the "cases of long standing, with contraction in several portions of the canal, and had resisted multifarious treatment." Is it quite certain that this case was finally cured by other means, and that the cure was not chiefly due to removal of the strictures? I rather incline to the opinion that the continuation of the gleet was due to the "cicatricial knot" which followed the operation and complicated the case; and its gradual absorption (usual in such cases) removed the remaining source of irritation, and the gleet ceased. In Mr. Hill's own fifteen cases one-third were promptly cured. In the remaining ten *recontraction* took place: this, it appears to me, is a good and sufficient reason why the gleet should persist; and I feel confident that the results of *thorough* redivision of these strictures would go far to establish the truth of my views.

In closing his lecture, Mr. Hill objects to any examination of the urethra for stricture until the gonorrhœa and gleet shall have lasted for six months. It is a well-known fact (see Thompson "On Stricture," English edition, p. 115) that strictures are often present from other causes than a gonorrhœa, that a gouty or rheumatic diathesis &c. may cause them, and that even a first gonorrhœa is often aggravated and prolonged by it. Is it, then, wise to ignore for a long period a well-recognised cause of trouble when the alternative is a prolonged, and possibly a useless, if not harmful, course of urethral injections and nauseous medicines? However much we may deprecate unnecessary instrumentation, we cannot lose sight of the fact that unnecessary *injections* are quite as much to be deprecated. A careful, judicious, and thorough urethral examination, immediately after the acute stage of a gonorrhœa has passed, I have never found to result in more than a temporary discomfort, and less than often follows the use of a single injection. I do not claim perfection for any method or means of mine, but I offer my instruments and experiments to the profession, abroad and at home, with the sincere hope that they may be tested in the fair and generous spirit shown by my friend Mr. Hill, and that ultimately we may arrive at the solution of the most vexed of all surgical problems—viz., the best way of curing stricture and gleet.

New York.

ON THE PRESERVATION OF ICE AT THE BEDSIDE.

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SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

THE luxurious comfort and practical benefit which many patients derive from the frequent ingestion of ice are well known. To those who can command a constant attendant, and to whom cost is no consideration, it is comparatively easy to secure a constant supply of little lumps of ice at the bedside; but, even under these favourable circumstances, it not unfrequently happens that in the warm bedroom, towards the small hours of the morning, when the bit of ice

is most wanted to suck or to be put into milk, water, or other beverage, it is found to have melted, and time is lost and perhaps the household disturbed before a fresh supply can be obtained. This is frequently the case when the lumps of ice broken for use are kept in a glass or saucer in the room. My practice for some years has been to cut a piece of flannel, about nine inches square, and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours, all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it and the ice is thus kept quite dry. When good flannel with close texture is employed, a small hole must be made in the bottom of the flannel cup, otherwise it holds the water, and facilitates the melting of the ice, which is, nevertheless, preserved much longer than in the naked cup or tumbler. In a room 60°, F., I made the following experiment with four tumblers, placing in each two ounces of ice broken into pieces of the average size for sucking. In tumbler No. 1 the ice was loose. It had all melted in two hours and fifty-five minutes. In tumbler No. 2, the ice was suspended in the tumbler in a cup made as above described of good Welsh flannel. In five hours and a quarter the flannel cup was more than half filled with water, with some pieces of ice floating in it; in another hour and a quarter (six hours and a half from the commencement of the experiment) the flannel cup was nearly filled with water, and no ice remained. In tumbler No. 3 the ice was suspended in a flannel cup made in the same manner and of the same material as in No. 2, but in No. 3 a hole capable of admitting a quill pen had been made in the bottom of the flannel cup, with the effect of protracting the total liquefaction of the two ounces of ice to a period of eight hours and three-quarters. In tumbler No. 4, two ounces of ice were placed in a flannel cup made, as above described, of cheap open flannel (10d. per yard), which allowed the water to drain through very readily. Ten hours and ten minutes elapsed before all this ice had melted.

A reserve supply outside the bedroom door can be secured by making a flannel cup, on the plan above described, in a jug, and filling it with little lumps of ice; care being taken that there is space enough below the bag to allow the water to collect, and leave the ice dry. This provision will allow ice to be used during the hottest night, without the supply failing, or the patient being disturbed—two very important considerations. The real therapeutic benefit of ice is only produced in some cases by its free use, and its soothing and stilling effect must be aided by the most perfect surrounding quiet.

The matter is a comparatively trifling one; but its public notice will, I feel certain, be excused by those who know from experience how much comfort may be given by attention to trifles in aid of greater resources, and often long after these have ceased to be operative.

Birmingham.

CASE OF EMPYEMA:

PARACENTESIS THORACIS.

BY STAFF SURGEON MAXWELL RODGERS, M.D., R.N.

(*Communicated by the* DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

G. D——, aged twenty, a merchant seaman, was wrecked on the south coast of the East Falkland Island, on the 12th of September, 1874. He suffered much from wet and exposure at the time of the wreck, and subsequently on shore, as there was no house near. He afterwards came to Stanley, where he fell sick, and had been ill some weeks previous to my seeing him.

On the 23rd of October he came under my care. He was then in a semi-conscious state, breathing oppressed; he complained of some cough and pain in left side of chest; answered questions in a whisper; pulse very weak, scarcely to be counted—130; skin moist and clammy. The right side of the chest was resonant on percussion; breathing puerile. On the left side dulness on percussion all over. There was bronchial breathing and bronchophony, and almost total absence of respiratory murmur, except at the upper part of the lung. He lay on his back or on the left side. Tongue clean; bowels regular. A mixture was ordered containing spirit of chloroform and carbonate of ammonia, and he was given brandy and egg mixture at intervals. Hot bran poultices were applied to the left side of the chest. There was not much change for the first few days, but at the end of the week there was a slight improvement. The pulse was stronger, could be counted more easily; the breathing remained the same. The pain in the left side of the chest was relieved by the poultices. There was some bulging of the left lower intercostal spaces, and the left side of the chest was found to be filled with fluid.

By the 5th December he had improved somewhat in strength, though the state of his chest remained as before. There was no diminution of the contained fluid. I determined to perform the operation of paracentesis thoracis, and accordingly made an incision in the sixth intercostal space, and pushed a large-sized trocar into the pleural cavity, drawing off 60 ounces of pus by the cannula, which was left in, and through which I then injected a weak solution of carbolic acid, which, after being allowed to remain for a little, was drawn off. Though weak, he expressed himself much relieved immediately after the operation, and there was a marked improvement in his spirits. A large-sized elastic catheter was introduced, and left in the wound, through which several ounces of pus were drawn off daily, carbolic acid solution being injected into the cavity of the chest after. He subsequently complained of pain, caused by the catheter, which was withdrawn, and the opening enlarged, so as to allow the discharge to come away as secreted. Air, no doubt, got into the pleural cavity, but apparently without causing any ill effects. The discharge continued for a long time profuse, but slowly decreased in quantity as he gained strength.

In September, 1875, he was able to go out of doors, and walk about a little with the aid of a stick. The left side of the chest was then much flattened, and there were no respiratory sounds heard, except at the upper part of the lung; the discharge was reduced to about one ounce daily. On the 14th September he was sent on board H.M.S. *Blanche*, for passage to England.

The medical treatment in a general way consisted in the administration of sedatives to allay cough and irritation, stimulating mixtures, with a liberal quantity of brandy in the early stage, subsequently cod-liver oil, with a nourishing diet and beer.

In this case, the great and immediate relief experienced by the patient after the operation shows the value of tapping the chest in cases of empyema, while little if any harm would appear to result from the entrance of air into the pleural cavity.

Stanley, Falkland Islands.

ZWANK'S PESSARY.

BY CLEMENT GODSON, M.D.,

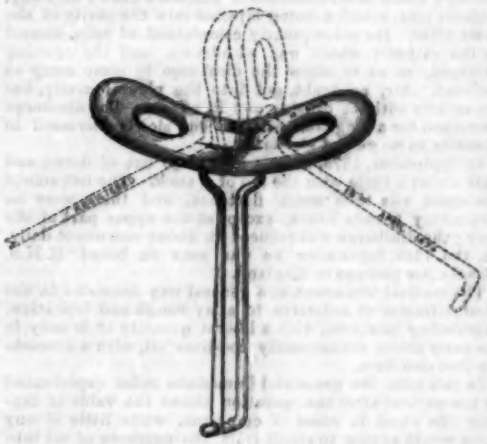
ASSISTANT PHYSICIAN-ACCOUCHEUR TO ST. BARTHOLOMEW'S HOSPITAL; PHYSICIAN TO THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, ETC.

IN the treatment of diseases of women, among the poorer classes, we meet with a large number of cases for the relief of which Zwank's pessary is the best adapted. I allude to those in particular in which the uterus has been completely procident for a length of time, where there is an absence of support in the soft parts, no fat, and frequently but little or no perineum. All the varieties of Hodge's pessary, especially Greenhalgh's improved form with bars, are tried, but directly any force is exerted upon them by straining or coughing, they are immediately expelled, and the only pessaries which are likely to be retained are either the trumpet shape with braces attached, or the Zwank. The former is, as a rule, strongly objected to by the patient on account of the braces, while the latter is almost always declared free from discomfort, and there is none more popular among this particular class of women.

But every variety of Zwank hitherto in use has its objections. Speaking of them as a body, it is said that they are dangerous as liable to give rise to pressure upon the soft parts, causing fistulous communications with the bladder and rectum. Such is certainly the case if they be left in for a length of time without removal, but such a complication is impossible if, as should always be directed, they be removed each night after retiring to bed and replaced in the morning before rising.

The real objections are, however, with regard to the material of which the pessaries are constructed, and the mode of fastening. First, there is that form which is kept together by means of elastic tubing. This is the most objectionable variety of all, though largely employed on account of the price. The rubber is sure to split sooner or later, and under any circumstances it becomes full of and sodden by the secretions, and, therefore extremely fetid. A better form is that made of vulcanite, which is fastened by means of a screw, but it is frequently broken by being over-screwed, the discharges get in the interstices of the screw, and it cannot be released, and often the adjacent hairs get entangled, giving rise to considerable pain. And so Zwank's pessary with many has got into disuse.

To obviate these objections I have contrived a form of Zwank, which has been manufactured for me, and registered, by Messrs. Arnold and Sons, of Smithfield; and it has already proved to be a very useful pessary. It is shown in the accompanying illustration. The upper part is made



of vulcanite, and is extremely cleanly, light, and durable. The lower portion, or feet, employed for locking, is made of metal. Directly these feet come in contact, with the slightest pressure they lock; and they are as easily released by pressing with one finger upon the spring, and at the same time pushing the curved extremity down with the thumb. It may be suggested that this portion will give pain by pressing externally, but this, in practice, will be found not to be the case. The patient walks about and sits down with perfect comfort. The expense—a very important item—is very little more than that of the cheapest form, while it will last out at least three or four of these. It is considerably cheaper than those varieties worked by means of a screw, whether made of vulcanite or metal.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a meeting of the Fellows held on Whit-Monday, the following were selected, the names of the Council being placed according to the votes received:—President: George H. Kidd. Vice-Presidents: Robert McDonnell. Secretary: Wm. Colles. Council: William Colles, Benjamin McDowell, A. H. McClintock, Edward Hamilton, John Denham, Samuel Chaplin, Joliffe Tufnell, Henry Wilson, Edward D. Mapother, Albert J. Walsh, Richard G. Butcher, Edward Ledwich, A. H. Jacob, George H. Porter, J. K. Barton, John Cronyn, Philip C. Smyly, William J. Wheeler, Rawdon Macnamara.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF INTESTINAL OBSTRUCTION; OPERATION; RECOVERY.

(Under the care of Mr. CHRISTOPHER HEATH.)

IN the following case, which should be studied in conjunction with that recorded from the same hospital in the "Mirror" of the 27th ult., the desirability of cleansing the peritoneal cavity from obnoxious matters was exemplified in a striking manner. After an exploratory incision had been made through the abdominal walls, to ascertain the cause of acute permanent obstruction of the bowels, and while the pelvis was being examined with the finger, a sudden gush of pus occurred, from some uncertain source, into the peritoneal sac. The cavity was at once washed out, and the subsequent result confirmed the propriety of the practice, which, moreover, Mr. Heath's previous experience in ovariotomy seems to establish as a safe and sound one. It is curious to note that, although no band or other mechanical impediment was removed, the symptoms of intestinal obstruction almost immediately subsided after the operation.

For the notes of this case we are indebted to Mr. A. P. Gould, surgical registrar.

L. D——, aged forty-seven, laundress, was admitted Feb. 19th with the following history. She has had a left inguinal hernia for fourteen years, for which she has not worn a truss. Three weeks ago the patient slipped on some ice and strained herself. Since then the rupture has been larger, and she has had pain in it and in the back. A week ago she had an attack of diarrhœa lasting three days, but she has had complete obstruction of the bowels since the 15th, passing neither fæces nor flatus. Has vomited once.

On admission she was collapsed, complaining of pain in the belly. Tongue moist, furred. There was an easily-reducible left inguinal hernia; an indistinct tumour was felt in the left iliac fossa; nothing discovered by an examination per rectum or per vaginam. An enema of two pints of gruel was administered, followed by an equal quantity of water. Both brought away some lumps of fæces. After this she expressed herself as relieved. Temperature: 8 P.M., 103·2°; 9.30 P.M., 101·6°. Pulse 100.

The next day she was in much the same state. There was the same tenderness and indistinct swelling in the left iliac fossa; no vomiting. Another enema of two pints of gruel was given with the long tube; it returned with some soft fæcal matter; no other passage per rectum. Temperature, 6 P.M., 100·4°; pulse 102. Ordered a grain of opium every four hours, and poultices to the belly.

Feb. 21st.—Temperature 100·2°; pulse 96. Nothing passed per rectum. Was sick in the early morning—curdled milk; and again at 1 P.M.—bilious fluid, not stercoraceous; belly tympanitic, tender at lower part; no tumour detected. Mr. Erichsen saw the case with Mr. Heath, and it was decided to make an exploratory incision into the abdomen. At 3 P.M., the patient being under the influence of gas and ether, Mr. Heath made an incision four inches in length on the left side, parallel to Poupart's ligament, one inch above it, with its inner extremity over the external abdominal ring. The external and internal oblique muscles were divided on a director; the transversalis muscle was torn through with the finger; the transversalis fascia was divided on a director, and the peritoneum opened. Mr. Heath found the intestine bound down by some adhesions, but could find no strangulation anywhere. While examining the pelvis with his finger, there

was a sudden gush of a large quantity of perfectly sweet, laudable pus, which escaped into the peritoneum, and out at the wound, from somewhere near the back of the sacrum. Its exact source was uncertain. The peritoneal cavity was then washed out with warm water, the wound closed with silver sutures, a pad of dry lint applied, and the patient carried back to bed. Ordered fifteen drops of tincture of opium every four hours, one teaspoonful of brandy every half hour, and poultices to abdomen. The patient was sick immediately after the operation, and was in a very collapsed condition all the night. She passed flatus several times.

The next morning she was better, tongue moist, fur thinner. Temperature 102°; pulse 114; belly very tender on left side. Opium given every six hours; brandy reduced to three ounces in twenty-four hours. She continued to pass flatus frequently through the day; no motion; at night she vomited a small quantity of bilious fluid.

23rd.—Dressings removed; wound looks well; edges in perfect apposition; no pus: similar dressings reapplied. In the afternoon she was very low, livid, apparently dying. The brandy was increased to six ounces; at her own request some beer was given, and a turpentine stupe was applied to chest. By this she was considerably relieved, and next day her lividity was less, dyspnœa less, pulse stronger, though still very small, 110; temperature 100°; tongue moist. Ordered a mixture containing opium, carbonate of ammonia, and squills.

On Feb. 25th she passed three small soft motions; the tenderness of abdomen was less, and limited to just around the wound, which was united except a small part at the upper end of it. Sonorous—but no bubbling—râles heard over front of chest. Temperature 100°; pulse 108. Opium stopped. Takes Brand's jelly and whites of four eggs. During the night she passed nine very small fæcal motions, no pus in them. The sutures were removed from the wound, the discharge from which was very offensive; poultices applied. Fifteen drops of spirit of nitrous ether were added to the above cough mixture. The diarrhœa continued to be troublesome for several days, and was only partially checked by chalk and by compound catechu mixtures. The wound suppurated freely at the upper part, and on the 29th a soft slough was removed from the site of the upper stitch. On the 28th the patient ate some custard pudding, and on the 29th she was put on fish; she was then free from all abdominal tenderness. From this time she slowly but steadily improved. The wound granulated up at the upper part; the bowels became regular after the 4th of March; the dyspnœa diminished; and the expectoration, which at first was very tenacious, became more diffluent and aerated. On March 7th she was sick in the early morning, but had no other bad symptoms. She was ordered a mixture containing nitro-hydrochloric acid and decoction of chinchona. The patient was allowed to get up for the first time on March 14th, and on the 29th she left the hospital with the wound healed, her symptoms all relieved, bowels regular, but still feeling rather weak.

MIDDLESEX HOSPITAL.

CASE OF CEREBRO-SPINAL MENINGITIS; DEATH.

(Under the care of DR. HENRY THOMPSON.)

THE following case, for the notes of which we are indebted to Dr. Humphreys, medical registrar, differs in many important respects from the Oxford cases which were recorded last week. Indeed, the eye symptoms in this case seemed to indicate some morbid change at or near the right crus cerebri. We hope soon to be able to discuss in more detail the important affection known as cerebro-spinal meningitis, referring especially to the cases reported in this journal.

John B——, aged fifty-three, admitted April 27th, 1876, into Cambridge ward. His previous health had been good. Present attack began five days previously with violent pains over the bottom of the back and right side. The night before admission he complained of pains in his head. About 2 P.M. on the day of admission he had a fit, and became unconscious while at his work. He remained unconscious until his admission in the evening. For some days he had complained of giddiness. He passed water, and his bowels had not been confined.

On admission he was unconscious, very restless, struggled when touched, could not lie quiet, moaned slightly. Ptosis of right eyelid, but this was not constant, for he sometimes opened the eye. External strabismus of right eye. Right pupil large, and insensible to light. No apparent difference in power on the two sides of body. Twelve ounces of urine withdrawn by catheter, of dark colour, acid reaction, specific gravity 1025, and containing an eighth of albumen. Ordered thirty grains of compound jalap powder, with an ounce and a half of compound senna mixture. To have a hot-air bath. 9.0 P.M.—Pulse 100; temperature 103°. Was quieter after the bath. Ground his teeth. Was still unconscious. Complete and constant ptosis of right eyelid. Right pupil large and insensible to light. External strabismus of right eye. Optic discs natural.

April 28th.—Passed a very restless night, trying to get out of bed. Grinds his teeth at times; answers questions coherently; says he has no pain; ptosis and external strabismus on right side as last observation; no inward, upward or downward movements of right eye; right pupil large, left normal; no appearance of facial paralysis; no rigidity or paralysis of limbs. Urine: sp. gr. 1030, acid; albumen one-sixth. Bowels opened once slightly. Ordered twenty-five grains of chloral, and to have four grains of iodide of potassium and ten grains of the bromide every six hours.—9 P.M.: Pulse 100; temperature 102·5°. Still restless and writhing about in bed.

29th.—5 A.M.: Became unconscious; right side of face and body paralysed; left pupil is now dilated and insensible; ptosis and external strabismus on right side, as before; urine passed in bed.—10 A.M.: Pulse 160; respiration 50.—1 P.M.: Died.

Autopsy, forty-nine hours after death (by Dr. COUPLAND).—Body well nourished and muscular. Veins and sinuses and dura mater distended with fluid blood. On reflecting dura mater, the anterior third of the cerebral lobes was seen to be entirely covered by a quantity of opaque, greenish-yellow lymph, in which here and there a large vessel was visible. The lymph was situated beneath the arachnoid, and dipped into and filled the sulci between the convolutions. It diminished in quantity from before backwards. There was slight adhesion between the two hemispheres, and upon their inner aspects there was a similar exudation to that upon the convexities. Here, as there, it was most abundant on the frontal lobes. A small quantity of exudation was found upon the upper surface of the middle lobe of the cerebellum. All the bloodvessels of the pia mater were congested. On the under surface of the frontal lobes there was nearly as much exudation as upon the convexity, and around the nerves and other parts at base of brain there was shreddy lymph and some fluid effusion. There was no perceptible difference in the amount of exudation on the two sides. A small quantity of lymph occurred on the inferior surface of pons and medulla.—Interior of Brain: Grey matter did not appear to be unduly congested. No softening found. Walls and roof of lateral ventricle studded with points of capillary hæmorrhage, as also the fornix. Choroid plexus thinly covered with lymph. A considerable quantity of ventricular effusion on each side.—Spinal cord: Dura mater opened along its posterior aspect. The greater part of this surface of spinal cord was concealed beneath a quantity of greenish lymph contained within the pia mater beneath the arachnoid. It was not uniform in its distribution, but occurred almost continuously from the middle of the cervical enlargement to the upper part of the lumbar enlargement. The layer of lymph was thickest opposite the upper dorsal region and again in the middle third of the dorsal region, whilst in the lower third it covered only the left half of the cord. There was also apparently much exudation around the roots of the spinal nerves, and some in front of the cord, but less than on its posterior aspect. The vessels of the spinal pia mater, where not wholly concealed by the exudation, were seen to be much engorged.—Thorax: Lungs engorged in lower lobes.—Heart: Right cavities engorged, left nearly empty; mitral and aortic valves opaque, nodules of atheroma in aorta.—Liver healthy-looking; weight 63 oz.—Spleen: Weight 6½ oz.; capsule presented numerous white patches of small size, each surrounded by a zone of vascular congestion. Consistence firm; colour dark red.—Right kidney: weight 6 oz.; capsule adherent, leaving on removal a somewhat granular surface. A few cysts on the upper layers

of the cortex. There was but slight wasting of the cortex, but its margin was crenated. The whole organ was tough and much congested.—Left kidney similar to right.

BIRMINGHAM GENERAL HOSPITAL.

CEREBRO-SPINAL FEVER; RECOVERY.

(Under the care of Dr. FOSTER.)

IT is interesting to note that in the subjoined case an affection of sight was among the most marked symptoms; in the Middlesex case the ocular muscles were disordered.

For the following notes we are indebted to Mr. J. Henry Palmer, resident clinical assistant.

Arthur S——, aged eighteen, a jeweller, was admitted on March 21st, with the following history:—On the preceding Saturday—the 18th—though rising in the morning feeling quite as well as usual, he felt during the latter part of the day, low, depressed, and tired, so that he stopped at home, and went to bed early. His appetite was good at each meal that day. He slept well that night, until five o'clock on Sunday morning, when he awoke, feeling very thirsty, and stiff about the neck and back. At 5.30 A.M he had a severe shivering fit, which lasted half an hour, and then for the first time he complained of severe pain in his head. He was extremely restless, getting out of bed every minute, and frequently running down stairs, staggering and giddy as he was. The pain in the head was sharp and shooting, more in the back than in the front. The pain in the back was chiefly in the cervical and lumbar regions. His sense of sight was quickly affected. Though quite light, he could scarcely see across the room; the light gave him pain, and he saw everything double. His hearing was unaffected; he was partially delirious. The pain in the head and loins, the stiffness of neck and restlessness, got worse. On the Sunday and Monday his bowels were not opened, but on Tuesday morning he had a sharp attack of diarrhœa. That evening (the 21st) he was admitted in very much the same condition as that described, a diagnosis of cerebro-spinal fever at once being made. He was ordered a hypodermic injection of a quarter of a grain of morphia that night. Temperature 104·4° F.; pulse 102.

March 22nd.—The patient has passed a very restless night, frequently attempting to leave his bed, moaning a good deal, and complaining much of pain in his head and loins. The head is drawn slightly backwards, and the neck is stiff; all attempts to move it cause the most excruciating pain. The pain in the loins is not so violent as this. No pain in the limbs, but at the same time there is marked hyperæsthesia of the thighs and legs. The sight is still very dim, but there is no photophobia. The sense of hearing is unaffected. He is perfectly conscious, and answers questions put to him quite rationally. A crop of herpes has begun to make its appearance on the lips, chin, and immediate neighbourhood, arranged somewhat symmetrically on the two sides. The tongue is white and furred. Sickness has ceased. Bowels have not been open since admission. Nothing abnormal is detected in heart and lungs. The urine has the following characters: specific gravity 1030; acid; copious deposit of urates; contains an obvious trace of albumen. Temperature 101·5°; pulse 84; respiration 24. Ordered six leeches behind each ear, and the morphia injection night and morning with the following prescription: five grains of iodide of potassium, ten grains of bromide, and one drachm of the solution of acetate of ammonia in water, three times a day.—9 P.M.: Much better this evening in every way. The pain is scarcely complained of, but the cervical stiffness and retraction remain. Temperature 101°; pulse 68; respiration 24.

23rd.—Not nearly so restless last night as before, but still he has had but little sleep; otherwise he is much improved. There is now no retraction of the neck, but some stiffness; no pain when lying perfectly quiet, but he cries out on any attempt to bend his neck; hyperæsthesia of the legs is much reduced; the tongue is cleaner; urine contains no albumen. Ice is ordered to the spine and back of head and neck, also to be sucked; the herpetic eruption before mentioned is at its height, but the area affected has not extended.

26th.—Bowels not having been opened since admission, a saline aperient was ordered, after which they were freely relieved. Since last note he has much improved. He has neither pain nor tenderness; his sight is once more normal, and the herpes is fast disappearing. He has passed a very good night, sleeping soundly after his evening injection; the morning injection being discontinued. Temperature 99° both morning and evening.

30th.—Is partially convalescent. Ordered iodide and bromide of potassium as before, with infusion of gentian, three times a day. Has much emaciated since the commencement of his illness.

April 7th.—Is up and about and fairly well, though weak. Ordered the following prescription:—One grain of sulphate of quinine, ten drops of tincture of digitalis, and ten drops of dilute sulphuric acid in water, three times a day.

21st.—Discharged.

Clinical remarks.—Dr. Foster, in calling the attention of the students to this case, referred to a number of similar cases which he had seen during the winter in the Midland district. The disease had, indeed, been epidemic, and the earlier cases had been very fatal. The illness had generally begun suddenly, as in the present instance, with shivering, pain in the head and spine, giddiness, vomiting, great restlessness and excitement, with stiffness of the neck and spinal column. In the more severe cases the retraction of the neck was an early symptom, and there was well-marked delirium. Shooting pains in the limbs and hyperæsthesia of the general surface were commonly observed. In most cases the fever was rapidly developed, rising to between 102° and 103° F. within a few hours of the commencement of the illness, in two cases observed from the onset. The fever was very irregular, scarcely any two temperature charts being alike, and in some a variation of two or three degrees occurred in the course of a few hours. There was also frequently a want of the usual relations between temperature, pulse, and respiration rates. In addition to the characteristic symptoms of sudden onset, early high temperature, intense headache, sickness, and stiffness of the neck and spine, there were the extreme restlessness and agitation of the patients. This last symptom, together with the general cutaneous hyperæsthesia, had led, in more than one instance in Dr. Foster's experience, to diagnosis of hysteria. This was a grave mistake, and the possibility of the error deserved to be borne in mind. The eruption of herpes on the lips and face had been common; red rashes and petechiæ had also been observed. Disorders of sight, such as those observed in the present case, were not unusual, and in one case amounted to absolute blindness lasting for some days. Deafness also occurred in some cases, and in one dysphagia so complete as to necessitate the use of nutritive enemata for a time.

In referring to treatment Dr. Foster pointed out that in some of the graver cases all treatment seemed unavailing; he had, however, seen most benefit derived from local depletion and the use of morphia hypodermically. In this form morphia, continued with depletion, was most valuable in relieving the pain and subduing the restlessness. Opium internally had been used with advantage in other cases, and seemed more valuable than chloral or the bromides.

Of eight fatal cases that Dr. Foster had seen, only one occurred in the hospital—viz., a child aged four years. In this case the pia mater and arachnoid were thickened and matted together by firm strings of lymph, the brain was injected, the ventricles distended with muddy fluid, and their walls, much injected, were coated with a half-mucous half-fibrillated material.

PRESENTATIONS.—Dr. William Easby has been presented with a handsome marble time-piece, bearing a suitable inscription on a silver plate, by the officers and men of the Darlington Police force, on his leaving the town.—Dr. John Smith has been presented with a microscope, by the subscription of friends connected with the Free Church, Half Morton, Dumfriesshire, on his having been appointed Medical Missionary to Nyanza, Central Africa.—Dr. John Ringland, Master of the Coombe Lying-in Hospital, has received a testimonial of silver plate from some lady patients, on the occasion of his recovery from a severe illness.—Mr. James Syme has been presented with a time-piece by the 10th Cumberland Rifle Volunteers, of which he is the Hon. Assistant-Surgeon.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

AT the meeting of this Society held on May 25th, being the last of the session, several papers of interest were read, but the time did not permit of so full a discussion as they merited. Mr. Balmanno Squire showed a very interesting series of cases, and of the cases brought forward perhaps the most valuable was the case of diphtheritic paralysis by Dr. Pearson Irvine. The chair was occupied by Dr. Douglas Powell, in the absence of Sir W. Jenner. A long discussion took place on an interesting case related and exhibited by Mr. George Brown.

Mr. BALMANNO SQUIRE exhibited a number of patients suffering from various forms of skin disease. The principal cases were several of lupus, treated for the most part by Volkmann's method, one of lupus erythematosus, and cases of psoriasis treated by means of india-rubber clothing. These cases, though of much interest, and some of them examples of very successful treatment, do not permit of any full description.

Mr. BARWELL brought forward a case showing a singular condition of the Knee-joint after Excision. The patient was a girl nine years of age, an inmate of the Cripples' Home, who had thus come under his observation. On examining her on admission he discovered that her knee-joint had been excised, and he had since ascertained that the operation was performed three years ago by Mr. Cowell, at the Victoria Hospital for Children. The result was very unusual. At present when the child was placed in a sitting posture the leg hung down from the knee apparently useless, and almost flaccid; there was what was called a flail-joint—that is, a union by fibrous bands between the femur and bones of the lower leg. This condition usually rendered the limb a useless and cumbrous appendage, and often necessitated amputation, but in the present case the child was able to walk with only so much limping as was necessitated by the shortening of the limb. It appeared, therefore, that the limb was actually more useful than if complete bony union had taken place, as was usually desired and expected. Mr. Barwell believed that the ends of the femur and tibia must have become somewhat altered in form by absorption, so as to form a sort of glenoid joint, the lower end of the femur being rounded and curved, and a sort of cavity formed by excavation of the tibia for its reception, the line of the joint being somewhat obliquely upwards and backwards. The tibia was displaced somewhat backwards, its axis being behind that of the femur. The fibula, which had evidently been left entire, had fallen backwards, so as to be somewhat displaced behind the tibia, and had also been prolonged upwards, an unusually strong and well-developed biceps tendon being attached to its upper extremity. A strong but thin capsule appeared to surround the bones, and a strong fibrous cord ran from the apex of the fibula downwards and forwards to the lower extremity of the femur, acting as a sort of sling for the latter. There appeared to be other ligamentous bands between the bones, resembling interosseous ligaments. Evidently there was some peculiar condition of the attachments which enabled the bones to lock together so firmly as to sustain the weight of the body when in the erect posture. He thought, however, that it was doubtful whether, as the patient grew older and heavier, the ligamentous bands would be sufficiently strong to continue to support the strain, and not improbably they would eventually give way. Mr. Barwell believed the case to be unique, as he had been unable to find any such on record in England or abroad. —Mr. COWELL observed that it was an advantage to be able to learn the result of one's treatment after the lapse of time, especially as surgeons do not always see their failures. As such, so far as the intention of the operation was concerned, the present case must undoubtedly be regarded. The patient was under his care so long before that he did not remember precise particulars, and as he had only heard of the case that morning he had not been able to find the notes. He had, however, seen the child two years before at the Westminster Hospital, and had then seen that there was no osseous union between the bones. In the present case the result so far was a fortunate one, but he agreed with Mr. Barwell that it was very probable that the present condition would not persist when the child grew up.—Mr. MAUNDER suggested that possibly the explanation of the peculiar and fortunate state of the limb in this child might correspond to the condition of the extremity not unfrequently found after transverse fracture of the patella. In these latter cases, when a very wide separation and slender fibrous union existed, the patient, although unable to extend the leg to the usual degree, was yet able to stand and walk with it through the medium of the aponeurotic expansion passing from the vasti muscles to be inserted into the leg. Probably, as Mr. Cowell had said, the case must be regarded as a failure after *excision*, inasmuch as firm union between the bones is very desirable at the knee.

Mr. GEORGE BROWN read a paper on a case of Acute Arthritis of the Knee-joint, with necrosis of the entire shaft of the tibia, in an infant. He stated that the case was brought before the Society both on account of the rarity of the disease, and the fact that it was, he believed, the first case on record of recovery after amputation of the thigh in a patient less than twelve months of age. The patient, a female child, eight months old, was brought to him on Dec. 23rd, 1875, and appeared to be suffering from an affection of the knee-joint. The child was apparently well till the previous evening, was well nourished, but had cut no teeth. The right knee was semiflexed, and hotter than the left; there was no fluctuation, and no history of injury. There was evidently much pain, refusal of food, and insomnia. Next day the swelling of the knee had increased, the temperature rose to 103°, pulse to 140. The swelling of the knee and leg continued to increase till the 28th, when the right knee and calf were found to be three inches larger in circumference than the left, and distinct fluctuation could be detected all round the joint, and for three inches down the leg. On the 29th the leg was incised just below the patella, and seven ounces of purulent matter evacuated, which contained a quantity of large curdy flakes, with some oil-globules. On passing the finger into the wound the tibia was found to be roughened, and the periosteum separated as far as the finger could reach, the epiphysis being also detached from the shaft. The temperature was normal, having fallen suddenly on Dec. 28th. After the opening of the abscess the patient appeared to suffer much less pain, and went on well for some days, but on Jan. 5th she had an attack of vomiting, and the leg became erysipelatous. The temperature rose to 104°, and continued very high for several days. The wound discharged pus freely, and the erysipelatous condition continued until Jan. 23rd. The patient in the meantime became much emaciated, and was gradually sinking. Mr. Brown then proposed amputation, which was performed on Jan. 25th, with the assistance of Mr. F. H. Hume and Mr. Sebastian Gardiner. The operation was done by the lateral flap method in the lower third. After the operation was completed the child became cold, blanched, and pulseless, and artificial respiration was kept up for some time to enable it to recover from the shock and the chloroform. The stump healed almost entirely by first intention, a small sinus remaining open for nearly three months; when a small spiculum of bone being removed, it healed up at once. On examining the limb afterwards, it was found that the entire shaft of the tibia was necrosed and denuded of periosteum; the epiphysis, completely separated from the shaft, contained an abscess cavity, which opened by a small pinhole into the joint about the centre of the external semilunar cartilage; the articular cartilages of the joint being otherwise healthy; but the synovial sac somewhat thickened. Mr. Brown was of opinion that the original lesion was a subarticular abscess in the epiphysis, probably of scofulous origin, as no history of congenital syphilis could be obtained. This abscess had probably first opened into the joint, giving rise to the acute inflammation in it for which the patient first came under treatment. Later the abscess must have extended downwards to the periosteum, causing acute periostitis and rapid necrosis of the shaft of the tibia. Mr. Brown remarked that such cases were

fortunately rare, save in the experience of those who saw a large number of children. Mr. Thomas Smith had described the disease very fully in the St. Bartholomew's Hospital Reports for 1874, and had there given notes of several cases which had come under his notice at the Children's Hospital, most of them having rapidly terminated fatally. Mr. Smith had named this disease "acute arthritis of infants." Mr. Brown remarked also on the fact that erysipelas is usually held to contra indicate the performance of a surgical operation, but in the present case, as the child was evidently sinking, it was decided to operate at once, and the result showed the wisdom of so doing.—Mr. BARWELL did not agree with Mr. Brown in his views on the pathology of the case. He had seen several instances of the kind in question, and had found that the articular cartilage in such cases was destroyed. But in Mr. Brown's case it was preserved, and he therefore thought the case to be one of acute suppuration of the tibia extending to the joint. He gave details of a similar case in which he had operated with success.—Mr. CALLENDER congratulated Mr. Brown upon the results of his case. He had seen similar cases in which the shaft of the bone had been diseased first, the epiphysis and joint being secondarily affected. As regarded the occurrence of erysipelas at the time of operation, it must be borne in mind that it was superficial and transient, and could not therefore, in his opinion, be an imperative bar to the operation, if on other grounds necessary, and this would hold good also for the adult.—Mr. THOMAS SMITH thought one must speak with diffidence as to the nature of the case, as the specimen could not be carefully examined by individual members. He agreed, however, with previous speakers in considering it a case of acute necrosis of the tibia which had opened into the joint. Syphilitic perichondritis was, he thought, out of the question. He congratulated Mr. Brown on his success, which, under such conditions, and at so early an age, was certainly very rare. Not long before he amputated the thigh in a child eight months old at St. Bartholomew's, but the child did not recover; and in Mr. Brown's case, the fact that the child recovered by the "skin of its teeth" showed that the chances of recovery were but slight. The earliest case he knew of suppuration in the knee-joint was in a child which at birth had one knee swollen and shining, and a week later there was free discharge of matter from it on incision. There was a history of injury to the mother before the child's birth, and there was little doubt that the disease commenced before birth, and was of traumatic origin.—Dr. GOODHART, through whose hands the specimen had passed at the museum of the College of Surgeons, thought it very questionable whether the disease began in the epiphysis or the shaft. If it was a case of acute necrosis, he thought it was very rare to get the epiphysis affected in this way. His opinion was that it began in the shaft end of the epiphysis, thence extending to the shaft, and causing necrosis by separating the periosteum. Speaking pathologically, he should say that if the case were really one of acute necrosis, it would have been better to cut down upon and open the periosteum, and remove the dead pieces of bone before the joint became affected. But he looked upon the case as one of disease of the epiphysis.—Mr. MAUNDER had been inclined at first to believe that the inflammatory action had begun in the tibia, passed in through the epiphysis, and so involved the joint; but the history, carefully related by the author, led him to alter his view, and to think Mr. Brown's view correct—viz., that abscess had formed in the epiphysis, and burrowed upwards and downwards. Mr. Maunder could see no objection to the hypothesis, since it agreed with his experience in the adult. He ventured, however, to criticise the position selected for amputation. The child's stump was no doubt a very pretty one, but if carefully examined, the scar and the bone were found to be united at one point, which would tend to prevent comfortable and steady progression on a wooden leg hereafter. He strongly advocated amputation through the knee-joint, as a method causing less shock to the patient, affording little or no risk of pyæmia and osteomyelitis, and ensuring in the highest possible degree a useful stump, the face of the stump being formed by the condyle of the femur and the cicatrix behind the latter. He cited a case of the kind which he had seen at the London Hospital, in which the patient could bear the whole weight of his body upon the face of the stump.—Mr. CALLENDER said that he had only ventured a criticism on Mr. Brown's views as to the pathology. He was, however, quite prepared to accept his view, but it was his impression that disease commencing in necrosis was the most common.—Mr. WARRINGTON HAWARD observed, with respect to the origin of the disease, that it must be quite separated from a case of syphilitic disease; for the epiphysial perichondritis in that affection is much more chronic, has less marked symptoms, and those of a different character; suppuration being exceptional, and very free when it occurred. The fact that swelling of the joint was the first thing noticed was not against the view that it began in the shaft, since effusion into the joint cavity often preceded swelling over the shaft. Probably it was a case of necrosis. As to the operation, he observed that chloroform was given, and he believed that it would greatly conduce to success in such cases if ether were employed instead, the shock being much diminished, and there being less danger of collapse.—Mr. MACNAMARA related a case of acute necrosis of the tibia, apparently due to exposure to cold, in a boy eleven years old, who presented great swelling of the ankle, and subsequently of the knee. A month later there was obvious necrosis, with much serous effusion in the knee. Symptoms of pyæmia occurring, he cut down upon the joint, and then, finding that the articular cartilages of the knee were healthy, amputated through the knee, and the boy did well. The disease was found to have extended up to the articular cartilage, which was perforated by a small aperture through the medullary canal.—The PRESIDENT suggested that it might be well that a committee of the Society should examine the specimen, and Mr. Brown and Dr. Goodhart having assented, it was referred to Mr. Barwell, Dr. Goodhart, and Mr. Pick to examine and report upon it.—Mr. BROWN, in replying, stated that he had selected the old lateral flap operation as that affording the best chance of union by first intention, and thus saving the child from the drain of long-continued suppuration. As to the pathology of the disease, he thought that the clinical history supported the view which he had adopted. Without discussing the relative merits of chloroform and ether, he believed chloroform to be a safe and ready anæsthetic for children, the evil being that the child was kept under it rather too long.

(To be concluded.)

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1876.

WEDNESDAY, MAY 31ST.

REPORT OF THE COMMITTEE ON BILLS.

THE Council resolved itself into committee, and proceeded to consider further Mr. Simon's motion that the last paragraph of the second section of the report be omitted.

Mr. MACNAMARA, who moved the adjournment of the debate on the previous day, said that he was strongly of opinion that the granting of the degrees should not be confined to universities. It would be a great hardship for Irish students to have to go to London or Cambridge, and would involve considerable expense. He saw no reason why there should be the slightest hesitation in the minds of the committee in recommending the Government to adopt the principle set forth in the section that was proposed to be omitted. The Royal College of Surgeons in Ireland was the first to institute a professorship of hygiene, and since 1844 up to the present date lectures on hygiene were annually delivered at that College, and they had every material there for conducting examinations in a satisfactory manner. It would be a great hardship if colleges were excluded from the privilege of conferring the degree. If they were excluded it would be one of the greatest checks to the development of hygiene that the Council could inflict. If, on the other hand, the privilege was granted to them, the result would

be that hygiene would become, as it deserved to become, an important portion of the student's education, inasmuch as he would be able afterwards to obtain through the College of Surgeons in Ireland or the College of Physicians in Ireland this most valuable diploma. He would urge most strongly upon the Council the adoption of the recommendation of the committee.

Dr. PITMAN thought that the subject had not been looked at in all its aspects. The words of the clause in the Bill itself were, "All persons who have obtained from any university of the United Kingdom, legally authorised to confer the same, the degree of Bachelor in Surgery, or a diploma in State Medicine [two distinct qualifications], shall be permitted, and are hereby empowered, to register the same degree and diploma." He thought that the recommendations of the committee had been based upon some misapprehension. Both a degree and a diploma were qualifications conferring a privilege, and the word diploma really meant legally that it conferred some privilege upon the holder; but the committee had already decided that this degree, diploma, or certificate—and they were all classed together as if they were the same and of equal value—should be "registered only as an additional title." By these words they had clearly expressed a belief that it was not a qualification, but a title. If titles were admitted, they would be opening the door to the title of dentists, who had already applied to the Council to be registered, and they would have all the titles that pertained to the qualifications of practitioners in medicine. The Obstetrical Society and other bodies that granted fellowships would all ask to be registered under Schedule D, and it would be very undesirable to have all these qualifications. As regards the granting of degrees by the different universities and corporations, he regretted to say that he was not sufficiently well-informed as to what the power of these bodies was to grant degrees or diplomas in State Medicine. Any body could grant a certificate in State Medicine, because it was simply an expression of belief that the person who held it possessed a certain amount of knowledge. He thought that the clause would introduce great confusion as to the value of degrees, diplomas, and certificates. The clause in Mr. Gibson's Bill simply referred to those who possessed legally the diploma in State Medicine. If every university under its charter could confer such a degree, then such degree might be entered on the Register, and it would become a qualification to practise. He thought that they would be likely to introduce great confusion if they advised the Lord President to register a State Medicine qualification at all. He would venture to suggest the exclusion of the clause, and he very much doubted whether the recommendation which had been acceded to was not an error.

Dr. THOMSON called attention to a resolution that was passed by the Council in 1869, that "in any amended Medical Bill which might be prepared for Parliament by the Council, it is desirable that the requisite permissive clauses for registering the qualification in State Medicine be inserted in addition to any of the qualifications under the Medical Act." He thought that it was very much upon that ground that the committee, in framing their answer, adopted that decision of the Council, and made the recommendation with respect to Mr. Gibson's Bill. If any title or qualification was substituted, then a new element would be imported into the discussion, and something would be done which would be inconsistent with what had previously been adopted by the Council.

Mr. TURNER thought that Dr. Pitman had not sufficiently considered the real signification of the clause before the Council. He spoke of the applications from dental bodies and obstetrical societies and other bodies of that kind, but they were in an entirely different position from the bodies included in Schedule A of the Medical Act. The Council had been discussing a subject which had been disposed of yesterday, and if it was to be revived, it must be revived when the whole report came up for discussion before the Council. The question really was, whether the registration of the qualification in State Medicine should be confined to universities, or whether it should be extended to all the bodies mentioned in Schedule A. The question before the Council was one of justice to those bodies that had already gone forward for the establishing of examinations and qualifications in State Medicine. It was possible, he thought, to modify the motion somewhat by recommending that all bodies that had already instituted or might institute examinations in the course of the next twelve months, might have the qualifications registered.

Dr. ROLLESTON thought that the protection of universities was both unjust and inexpedient, and he hoped that the Council would accept the report of the committee.

Sir D. CORRIGAN said that whatever the privilege or qualification was that the Council recognised, they should deal with all bodies on an equality. He supported the report of the committee.

Dr. THOMSON thought it was undesirable to attempt by a side wind to come to any conclusion contrary to the opinion expressed by the Council with reference to the joint scheme.

Dr. QUAIN said the contest into which the Council was being drawn was something like the battle of gauges—the corporations against the universities. He hoped that such a battle would be avoided.

Mr. SIMON said he saw the inconveniences which would arise from the passing of his amendment, and he would therefore withdraw it. He had no desire to draw any invidious distinction between universities and corporations; but his wish was not to extend unnecessarily what was already a great evil by the creation of nineteen new qualifications. In withdrawing his opposition, he must express his belief that the passing of the former resolution was a mistake. If nineteen new qualifications were to be introduced, they could not treat them as registered qualifications in the present state of the law; and when the matter came up for confirmation in the whole Council, he hoped that some older member than himself would take the matter up with a view of placing it upon a proper footing.

Mr. Simon's amendment having been withdrawn, the section of the committee's report was adopted.

Dr. THOMSON proposed the adoption of the following section of the committee's report:—"The Bill to be introduced by Mr. Russell Gurney proposes to extend the powers of the bodies entitled under the Medical Act to grant qualifications for registration, to the granting of any qualification for registration granted by such body to all persons without distinction of sex. The committee, desiring to limit their recommendation to the expression of opinions which have already been adopted by the Council, would recommend that it be stated, in reply to the Lord President of the Privy Council, as the opinion of the Medical Council that any course of legislation which would interfere with the free action of the universities and corporations mentioned in Schedule A in respect of the medical education, examination, and licensing of women, is undesirable." This section, he said, might perhaps involve a little more difficulty than some of the others, but he hoped that the discussion on it would not be prolonged to as great an extent as that of last year. He had no desire to suggest topics that were likely to lead to further discussion, or to revive matters on which the Council had already expressed a decided opinion. It was in that view that the present section of the report had been drawn up. The question, however, raised in the Bill necessitated a consideration of the manner in which, if women were to be admitted to the profession, that object should be effected; and on that point the Council was asked to express its opinion.

Dr. ROLLESTON proposed the following amendment: "Whilst the committee are of opinion that any course of legislation which would interfere with the free action of the universities and corporations mentioned in Schedule A to the Medical Acts in respect of the medical education, examination, and licensing of women, is undesirable, they are also of opinion that Mr. Russell Gurney's Bill, which leaves it open to any one of the licensing bodies to establish an examination for women, may be safely recommended by the General Medical Council for adoption by the Government and the Legislature, if it be distinctly provided in the Bill that they shall not be compelled to do so, nor, in the case of universities, to grant them degrees." He thought the amendment put the right interpretation upon Mr. Russell Gurney's Bill—viz., that it was an enabling and not a compulsory enactment, it being left open to licensing bodies to establish examinations for women, or to abstain from doing so, as they might think best. That was also the interpretation given to the measure in the President's opening address.

The PRESIDENT wished it to be understood that that was

simply his own interpretation on reading the Bill, and not as derived from any legal opinion.

Dr. ROLLESTON said he had nothing to say on the merits of the case in addition to what was said last year. He would only remind the Council how things now stood. In the division of last year there was a glorious minority of seven—seven champions of manhood—and a majority of fourteen. Dr. Begbie and Dr. Sharpey, who were in the majority, were no longer in the Council, but he was sure that the gentlemen who occupied their places would strive to attain their level of enlightenment and aspiration. He had been informed, too, that in the minority of seven there were some who had come to believe that they were not entirely right, and were disposed to go over to the other side. Last year the Council stated that it was not prepared to say that women ought to be excluded from the profession. It was now asked to say that if any licensing body desired to take upon itself the responsibility of establishing an examination for women it should be permitted to do so *suo periculo*. The President had stated in his address that the number of medical men was diminishing, while the population was increasing. Obviously one mode of supplying the deficiency would be to open the profession to that half of Her Majesty's subjects who were now excluded from it. It was their duty to do all in their power to arrest disease, to stay the progress of vice, and to promote science; and, finally, it was desirable to provide careers for fifty per cent. of the population. Many women beyond the age of forty-five were as fit for good work as the members of the Council themselves, most of whom had passed that age. Many of them hoped to continue their professional duties for years to come, and what they desired for themselves they ought to be willing to concede to others.

Mr. LISTER, in seconding the amendment, said he did not think that women were either morally or physically fitted for the medical profession; but it appeared, nevertheless, that they were to be admitted, and the question was, how that should be accomplished. There were three methods that might be suggested. The licensing bodies might be compelled to admit women to examination, or they might simply have the option, or a separate board might be established for the purpose. The first of these methods was altogether out of the question, and the last method was objectionable on several grounds. The new board would have to be inspected, and the Council had already enough work of that kind on its hands. In the next place, it would not afford the same security as an examination at one of the existing bodies that women would be admitted, as they certainly should be, under the same conditions as men.

Dr. THOMSON said there was no doubt some good reasons for the establishment of a special board, but on the whole he thought it best that the existing machinery should be employed. At the same time, it should be remembered that if the Bill were simply permissive, bodies which did not feel disposed to adopt an examination of women would be exposed to constant applications to do so, and the question could not be considered as settled until either all the bodies had adopted the system or some general measure was provided for the examination and licensing of women. After the meetings of the committee, he had received an able communication from Mr. John Marshall, which went some way towards convincing him that the most direct method to adopt would be the institution of a special board; but he quite acknowledged that there were serious objections to that proposal. He had no great objection to the form of Dr. Rolleston's amendment, because, as he had before stated, he was quite favourable to the admission of women to the Register.

Mr. TURNER said that Dr. Thomson's remarks ought not to be lost sight of by the Council, because they ought to consider not only the bodies that might be willing to institute an examination for women, but those that were unwilling to do so. The latter would be exposed to constant discussions on the subject, and the efforts of an active minority might in the end prevail, causing a good deal of trouble and inconvenience.

Dr. HUMPHRY inquired how the amendment would operate in the case of the universities which could grant degrees in medicine only to graduates.

Some discussion arose on this point, which resulted in the section of the report being remitted to the committee for further consideration.

Sir D. CORRIGAN said that while he would vote for the admission of women to the profession, he would on no account meet them in consultation, and he maintained that there was no inconsistency in the two positions.

Dr. Rolleston's amendment was put and negatived.

Section 4 of the report, in reference to the registration of midwifery certificates, was also remitted to the committee for further consideration.

CERTIFICATES IN LUNACY.

The PRESIDENT made the following communication with respect to the certificates in lunacy, concerning which a correspondence was printed in the Minutes of Friday, May 26th:—

"The correspondence is similar in purport to that printed in vol. vi., p. 310. Mr. Forbes, Secretary to the General Board of Lunacy in Scotland, writes (29th July, 1867) that Mr. Secretary Hardy had laid a case before the law officers of the Crown, and they are of opinion that, upon the true construction of the statutes, certificates signed by medical men in Scotland do not constitute a valid authority for the detention of lunatic patients in England and Wales, and *vice versâ*. In July, 1868, the then President of the Medical Council (Sir George Burrows) drew the attention of the Home Secretary to the subject, and on August 10th, 1868, Mr. Liddell replied that Mr. Secretary Hardy, having consulted the Lunacy Commission, was unable to undertake further legislation for the purpose of removing the anomaly. In 1869 there was a correspondence between the then President of the Medical Council (Dr. Paget) and the Lunacy Boards of Scotland and Ireland, and about the same time the matter was laid before the Lord President of the Privy Council (the Marquis of Ripon). The affair seems not to have been pursued further. Under all these circumstances, it appeared to be desirable to see the Chairman of the Lunacy Commissioners on the real merits of the case. He (the Earl of Shaftesbury) having carefully considered the subject, stated that he did not think the matter to be in exactly the same position as it had been when it was previously discussed; that there would probably now be no objection to consider it in connexion with other subjects proper for a Bill having relation to the Lunacy Acts; that it should, after conference with the other Lunacy Commissioners, be so considered, and he hoped that it might be possible that an evil, the existence of which he fully felt, might be remedied next session, if a Lunacy Act could then be brought in. I further promised his lordship a copy of all the papers we have on the question; and, subject to your wishes, I purpose, in conjunction with Mr. Ouvry, also to prepare a copy of the Bill for transmission to the Secretary of State for the Home Department."

THE REGISTRAR.

The Council then resolved itself into a committee to consider the Report of the Committee on the Duties and Emoluments of the Registrar.

Mr. QUAIN said he wished to add after the words "as to the duties of the registrar," in the first paragraph of the report, the words "and secretary of Council," as he wished it to be always clearly known that the registrar was also the secretary of the Council.

Dr. PITMAN said that that was provided for in Clause 5.

Sir D. CORRIGAN said that the addition of these words would make it appear as if there were two officers, and the Act did not provide for two officers.

Mr. QUAIN thought that the registrar should have control of the building. On coming to the house on Wednesday last at ten o'clock, to attend a committee, the house was wholly unoccupied, and no preparations had been made for the committee; and on meeting in the Council-room in the afternoon nothing could be more repulsive than the prevailing stench. He suggested that the registrar should have the superintendence of the house, as well as of the clerks and servants.

Dr. WOOD, referring to the mode in which the registrar should be appointed, suggested that the appointment should be in the hands of the Executive Committee, so as to save the expense of another meeting of the Council. The Executive Committee, he said, could undertake any duty except that of representing recalcitrant bodies to the Privy Council. He also proposed that the registrar's office be advertised.

The report, having been slightly amended, was adopted as follows:—"First—As to the duties of the registrar: 1. The registrar of the General Medical Council shall keep his registers correct, in accordance with the provisions of the Medical Act and the Standing Orders of the General Council. 2. The registrar shall verify each page of his registers with his signature, and every alteration, addition, or erasure shall be verified with his initials. 3. The registrar shall fulfil all the duties now required, or which may hereafter be required of him, by the Standing Orders of the General Council. 4. The registrar shall be present at every meeting of the General Council, and of the Branch Council for England, and at other meetings when his presence is required, and shall take minutes of the proceedings at such meetings. 5. The registrar, as secretary, shall conduct and have charge of the correspondence on the part of the General Council and of the Branch Council for England, and shall issue all requisite notices. 6. That the registrar do not retain in his hands more than £100 of the funds of the Council, but shall lodge all moneys, as they accumulate, in the Bank of England, to the credit of 'the Branch Council of Medical Education and Registration of England.' 7. The registrar shall, in addition to one of the treasurers, sign all checks on behalf of the General Council or Branch Council for England. 8. The registrar shall have the general control of the management of the office, authority over the clerks and servants, and superintendence of the building. 9. The registrar shall attend at the office from twelve to four o'clock daily, and at other times when necessary. 10. The registrar shall not be absent from his duties unless by permission of the president or the treasurers. Second—As to the emoluments of the registrar: 11. That the salary of the registrar shall be £500 per annum."

The question of the mode of filling the appointment was deferred.

The Council then adjourned.

THURSDAY, JUNE 1ST.

The President, Dr. Acland, in the chair.

Dr. ANDREW WOOD moved, "That it be delegated to the Executive Committee to elect in October the Registrar of the General Council in room of Dr. Hawkins, who resigns his office on November 25th, and that the vacancy in the office be advertised." His reason for doing so was that Dr. Hawkins's resignation would occur in the interval between two sessions of the Council, and if the Council were to be summoned simply for the purpose of electing a registrar it would involve an expense of £200 or £300. This, of course, it was very desirable to avoid, especially when the state of the finances was considered, as there was very great need for economy.

Mr. SIMON seconded the motion, which was agreed to.

THE FINANCE COMMITTEE'S REPORT.

Dr. QUAIN moved, "That the report of the Finance Committee be received and adopted."

"The Finance Committee report that the income of the Council during the year 1875 has been £5877 19s. 8d.—a sum less by £126 6s. 6d. than the income of the preceding year. The expenditure of the Council during the same period has been £6698 19s. 6d. The expenditure of the year has therefore exceeded the income by £820 19s. 10d. The principal items under which an increase of expenditure has taken place, as compared with that of the preceding year, are—on visitations of examinations, £261 9s.; on printing, £405 1s. 6d.; on house expenses, £111 3s. 7d. A table has been drawn up showing the receipts and expenditure of the Council during the last six years. From this table we learn that during the first four of these years the income exceeded the expenditure by an average amount of £1073, whilst it will be seen that during the past two years, 1874 and 1875, the expenditure exceeded the income by the amounts in each year respectively of £877 and £817, the income during these years being rather above than below the average. It will be observed that during the first of these two years—viz., 1874—a great portion of the excess of expenditure is due to the outlay for reprinting the Pharmacopœia, which cost £688 18s. 6d., and for which the Council has been already reimbursed. The remainder of the excess is to be accounted for by an increased outlay for general printing and house expenses. The excess of expenditure of the last year, 1875, is to be accounted for by the amount of fees paid to visitors of examinations, which exceed the amount paid in the preceding year by the sum of £261 7s. 2d.; by the cost of general printing, which exceeds that of the previous year by the sum of £405 1s. 6d.; and, lastly, by expenses connected with the office and house, which exceed that of the preceding year by £111 3s. 3d. The committee feel that the Council will agree with them in thinking that the expenditure of the Council should not be allowed to continue in excess of its income. To some extent this evil will be remedied should the Council determine to extend the visitation of examinations over a series of years, by which the annual cost will be diminished. No very material reduction can be made in house expenses. The other item of increased expenditure is that for printing, and, as during the last year one half of the whole excess of expenditure—viz., £405 1s. 6d. out of £802 0s. 1d.—is due to this alone, the committee would recommend that for the future a stricter economy should be exercised in this department of the expenditure."

Dr. STORRAR seconded the motion, and repeated his exhortation to the Business Committee to discover some steps by which the expense of printing might be diminished.

Dr. FLEMING pointed out that the average annual expenditure of the years 1870-71-2-3 was only £4479, while the average for the years 1874 and 1875 was £6790, or £2311 more than in the preceding four years.

Dr. WOOD said he did not think there was anything in the Finance Report to cause alarm, because when the visitations were instituted it was anticipated that the income would be exceeded. In 1873, the visitations cost £598; in 1874, £456; and in 1875, £718. And that was not all; for printing the reports of those visitations, which, in 1873, only amounted to £40, was £206 in 1874, and £219 in 1875. There was thus a very great outlay accounted for, but he regarded that expenditure as exceptional. He did not think the Council would ever again visit in the wholesale way that they had done. Visitations to a few bodies every year would suffice in future. Then, in consequence of the removal to the present building, an increase had taken place in the house expenditure, which in 1873 was only £40, but the next year rose to £239, and last year to £350. He did not think they could calculate on its being much less than this latter sum in any future year, because the Government had treated them with a rather hard bargain.

Dr. A. SMITH said before the change of site the committee calculated that there would be an increased cost of about £300 a year, and the actual figures showed that that calculation was about right.

The motion was agreed to.

RESUMED CONSIDERATION OF LORD CARNARVON'S BILL.

Mr. LISTER moved the adoption of the committee's amended report on Lord Carnarvon's Bill.

The motion was seconded by Mr. Simon.

Sir D. CORRIGAN said, in the *Saturday Review* of the 27th ult., there was a very fair exposition of the Bill. He did not think the report brought forward that material point, but he quite agreed with the reviewer that it was not just to propose to inflict penalties merely on the medical profession, and if he had been in order he would have proposed the following addition to the report: "In fine, the General Medical Council submit that if further legislation on cruelty to animals be deemed advisable, it would be inconsistent and unjust to select the medical profession as alone meriting the infliction of penal enactments, but that the whole subject should be treated in regard to its relation to society at large." He could not assent to the report, because it had not a sentence to that effect in it. A discussion had taken place on the meaning of the word "animal;" but he would go further and say that it was very difficult to decide what was a "living animal" if the Bill passed. No doubt many members of the Council had seen the experiment of cutting off the head of a conger eel, and then splitting the head down between the eyes. When that was done one half of the head would bite at a bone. Suppose a policeman saw that done at the seaside, and had his thumb bitten by the half head, and he took the experimenter before a magistrate, the defence would be that the conger eel was killed by having its head cut off; but the policeman would say, "It was alive; look at my thumb bitten through."

Who was to decide in such a case before a policeman and the physiologist? There were two means of opposing the promoters of the Bill—one by answering their arguments, or returning blow for blow; and this latter was sometimes a most effective way of dealing with opponents. The crimping of salmon was one thing which might be retaliated upon those who were striving to inflict penalties on medical men only. Immediately on being taken out of the water the fisherman seized the fish by the head and drew his knife across its body at intervals of about two inches from the head to the tail. This was done to make the fish firm, and the noble lord who owned the fishery got twopence a pound more for the salmon when they were crimped than when they were not crimped. When, therefore, a professional man was taken before a magistrate for making an experiment on a conger eel, the proper reply would be to ask the magistrate, "What do you do in your salmon fishery?" When a witness was examined before a committee of the House of Commons as to the details of cutting off a rat's tail, a fair answer would be, "What do you do with the fox's tail when the hunt is over?" In order that the tail might retain its hairs, it was cut off while the animal was still alive, and then the fox was left to be torn to pieces by the dogs; and at hunting balls the lady who could show the greatest number of fox-tails on her flounces was considered the belle. Ostrich feathers, which were so commonly worn by ladies, were obtained from ostrich farms, where birds were reared for the purpose; but in order that the feathers might preserve their freshness and colour, it was necessary that they should be plucked out while the bird was living. Not long since ladies' bonnets were commonly ornamented with little stuffed birds, such as the wren and the humming-bird, but it was not always borne in mind that the skins were taken off those birds before they were dead. In Devonshire, too, ponies were branded when very young, and branding a pony one month old was as painful an operation as firing a horse. The cramming of fowls and turkeys was a very cruel thing. The food was thrust every two hours down the bird's throat, and the result was that it lost for life the power of voluntary swallowing. At Hurlingham he once saw a little pigeon which had been wounded, after having its tail cut off to make it fly straight, take shelter on the dress of a lady, and there was a wonderful expression of sympathy, not for the little bird, whose bowels were hanging out, but for the lady's silk dress. The manufacture of cocktails to horses inflicted frightful pain, in order that the fashionable owner might ride a cocktail horse. One gentleman, a colonel, had recently written to *The Times* to say that in the stables over which he had control firing had been abolished, but the substitute was an application of red iodide of mercury, which caused a thousand times more pain than firing. The pain caused by fire was over in a few minutes, but three weeks would not see the end of the pain caused by the red iodide of mercury. The present Bill would prohibit the necessary practice to enable a practitioner to treat a severed artery by torsion, so that a surgeon in the army who was thus prevented from acquiring manual skill on a rat lest he should give the rat pain, might see one of our gallant soldiers bleeding to death on a field of battle, and not be able to help because he had not been allowed to learn how to do it in England. The mention of these things was what he called returning blow for blow. If the Bill were passed every medical student would feel himself bound to see experiments on animals, for there was a tendency in human nature to resist such penal laws. Duelling was not put down by penal enactments, but by good feeling and the improved opinion of society; so, he thought, experiments on live animals would not be suppressed by legislation, but must be left to the influence of humane feeling and common sense.

The motion for the adoption of the report was then agreed to.

Mr. LISTER moved, "That the President, Sir William Gull, Dr. Humphry, and Mr. Lister, be appointed a deputation to the Prime Minister in order to present the memorial; and to furnish any additional explanation that may be called for." He thought a great advantage would result from personal explanations to the Government in addition to the report.

Dr. ANDREW WOOD seconded the motion.

Dr. ROLLESTON proposed as an amendment: "That the above report be forwarded to Her Majesty's Government, as a memorial from the General Medical Council on the subject of Lord Carnarvon's Cruelty to Animals Bill." The report he considered would most assuredly carry considerable weight, and any personal explanations would only be likely to diminish its effect and show that there were divergences of opinion among members of the Council.

Mr. TEALE seconded the amendment.

Dr. ANDREW WOOD said there were a number of things which might be stated to the Government at a personal interview but which could not be included in a report. The public mind had not been properly informed on the subject, and it would be a great pity to lose this opportunity of affording personal explanation to Her Majesty's Ministers.

Sir D. CORRIGAN supported the amendment, and suggested that it would be advisable to print six hundred copies of the report for distribution among the members of the House of Commons. He was altogether opposed to deputations, for he remembered that on more than one occasion they had returned, and no two members were agreed as to what had been said and done.

Dr. A. SMITH also supported the amendment.

The amendment was put to the vote and carried, and was afterwards agreed to as a substantive motion.

Mr. TURNER moved, "That a copy of the report of the Committee on Lord Carnarvon's Bill be transmitted without delay to the presidents and heads of the various bodies mentioned in Schedule A to the Medical Act, and that copies of Lord Carnarvon's Bill, with the amendments proposed by the General Medical Council printed in italics, be appended to the report, and that copies of the report and of the amended Bill be printed for circulation amongst the members of both Houses of Parliament."

This was seconded by Dr. ROLLESTON, and agreed to.

CONJOINT EXAMINATIONS.

Sir W. GULL proposed: "That this Council express their regret that up to this time and after so long delay, no scheme for a Conjoint Examining Board for England, Scotland, or Ireland, has yet been put in operation. The Council further desire urgently to press this matter of Conjoint Examinations upon the bodies whose duty it is to arrange and supervise the medical examinations in the several divisions of the kingdom." It was now too late, he said, for the Council to occupy itself with the question as to whether conjoint schemes for the different divisions of the kingdom were desirable or not, for that had been determined over and over again. His special object was to express regret that no conjoint scheme had been carried out in England, and he therefore asked the Scotch and Irish members to unite with him in urging upon England to put such a scheme in operation. By far the largest number of men who entered the profession came from the English schools, and therefore any scheme adopted here would have a larger operation than if adopted in Scotland or Ireland. The object of the Council was to raise the minimum standard of education. He thought the colleges and universities might well be left to confer their highest distinctions upon the most honourable members of the profession, but the standard for the rank and file could not be raised as it ought to be while there were so many different examining bodies. The University of London had expressed its perfect willingness to put its students under a great difficulty in order to carry out a conjoint scheme, and the University of Oxford was also ready to put its graduates to the necessity of passing the minimum examination in order that there should be unity throughout the country. No doubt there was great difficulty in carrying it out, and it was not for him to give advice to the different corporations, but he could not but think that if they entered upon the subject with a thorough desire and determination to serve the public, and raise the standard of the minimum examination, they would soon accomplish that object.

Dr. ROLLESTON seconded the motion.

Mr. TURNER moved the following amendment: "The Council are of opinion that in the event of bodies uniting or co-operating in conducting the examinations required for qualifications to be registered under the Medical Act, the corporations, as distinguished from the universities, are the proper bodies to take part in such combinations. They would, moreover, recommend the passing of an Act that no person be entered on the Medical Register unless he have a

qualifications both in medicine and surgery." He said he felt strongly that the bodies that ought to co-operate for the purpose of a conjoint scheme were those familiarly known as the corporations, especially colleges of physicians and surgeons, because they were the bodies that had been in the habit for a long period of conferring qualifications for general practice. The object of a conjoint board was to introduce a minimum standard of examination, but it was another question whether that minimum standard should be a uniform one. In order to get uniformity it would be necessary to have only a pair of examiners in each subject for all the candidates. If there were a number of examiners in any subject uniformity could not be secured, as each examiner had, to some extent, his own standard. As to whether the universities should, in regard to the conjunction of bodies, be put on one side, there was a good deal to be said in favour of that view. A university was a body concerned with the higher education and examinations, not with minimum examinations. He agreed with Sir William Gull that the universities might have assessors at the conjoint board as some guarantee to the public that the requirements of the examination were properly carried out. The question of a conjoint board was inseparably mixed up with the question of the one-portal system, to which he objected *in toto*, and he would oppose any such restriction. With regard to medical education, the universities in Scotland were in a different position from those of England. In Scotland it was the rule for the great mass of medical students to enrol themselves in a Scotch university, and their desire was to become ultimately graduates of the university. If the one-portal system were adopted, the graduates of the university would have to pass the minimum examination of the conjoint board before they could enter the profession. This he held would be a great injustice, compelling the students and graduates to go through a double examination and a double expense. In Edinburgh this was felt very strongly, as many of the students were from the colonies and foreign countries, and it would be very undesirable to inflict upon them a large pecuniary fine by compelling them to go to the conjoint board for examination. Another difficulty was, as to the place where the conjoint examination should be held. English medical students were accustomed to come to London for examination; but in Scotland it was the custom for the students to be examined in the several university towns. If it was decided that the conjoint examination should be held in the different towns, the board would have to be a peripatetic body, carrying about with them all the necessary appliances. He was opposed to such a system of unifying the examinations as had been recommended. He concurred in thinking that everyone who entered the profession should be required to have a surgical and a medical qualification, but that was all that they had a right to ask.

The amendment found no seconder.

Dr. HUMPHRY moved, as an amendment:—"The Council desire to urge upon the several licensing bodies in Schedule A to the Medical Act, without delay, the importance of union or co-operation in conducting their examinations, so as to secure that every person who is admitted to the Register has been tested in medicine, surgery, midwifery, and other subjects which are deemed essential by the Council." No one could look at the table of examinations without seeing some unanswerable arguments in favour of conjoint examinations; for the two licensing bodies which together registered half the practitioners of the country, showed a most extraordinary diversity of results. The College of Surgeons of England in its final examination rejected 120 out of 369, or nearly one-third, while the Apothecaries' Society, in its final examination, rejected only 9 out of 226, or only about one twenty-fifth. It might be quite true that a great number of students passed both those examinations, but still the fact remained that there was the opportunity for students to select either of the two bodies. Other bodies had only two or three candidates in a year, and this was an important argument in favour of combination. There were also some bodies that examined only in certain subjects. For instance, the Apothecaries' Society of London had no examination in surgery, and some colleges had no examination in either medicine or surgery. This state of things ought not to continue, and could be easily avoided by different bodies combining. The attempt to form a conjoint scheme for the whole had been foiled by the difficulty of inducing so many interests to run well together, and to associate individual independence with mutual concession, for licensing bodies were by no means more willing to concede their privileges than individuals were. The scheme for a conjoint board had undoubtedly broken down from the unwillingness of the different corporations to give up their privileges. A scheme was agreed to which it was thought would soon be put in operation, but a resolution was passed by one body proposing alterations. Those alterations were rejected by another body, and so the scheme had not been carried out. The only possible plan by which they could unite would be that of committing the arrangements of the examinations almost entirely to a Committee of Reference elected by them all. That they were unwilling to do; still he thought they should endeavour to carry out the principle of combination without urging the necessity of all the bodies in one division of the kingdom uniting together. In that way mutual co-operation would commence, and probably all the different bodies would ultimately find it to their advantage to combine in one conjoint scheme.

Mr. SIMON thought that the Council should understand whether or not they were retreating from the position they formerly took on this question; and he suggested to Sir William Gull the insertion, after the words "this Council," of the words "adhering to the principle expressed in the resolution of Feb. 20th, 1870."

Dr. ROLLESTON said he would not impute motives to anyone, but was it not the fact that not long ago there was a powerful ministry which was not supposed to be at all over-careful of vested interests, and which threatened the establishment of a *Staats examen*, and actually introduced a Bill in which the principle of a *Staats examen* was laid down? The different bodies thereupon united together to form a conjoint scheme; but other days had come now, when vested interests were not considered so liable to be harassed, and the willingness to form a conjoint board had somehow become "small by degrees and beautifully less." The present state of things, however, would not last for ever; and unless some conjoint scheme were carried out a future Government would be sure to form a State examination, the mischief of which was extremely great. It checked individual initiative and genius, except in the great metropolitan towns; and he therefore hoped that the Council would express its regret that no conjoint scheme had been put into operation. Such a scheme would afford a healthy competition between the various licensing bodies: colleges would be ashamed to elect bad examiners; and visitations might then probably be wholly dispensed with.

Dr. QUAIN said the Council appeared now to be discussing the principle of a conjoint scheme which was settled five years ago, and resolutions respecting which were sent down to all the bodies. Even if the Council had immortality bestowed upon them they could not get to the end of their business, if at the end of every five years they were always to go back and discuss what they had previously decided upon. From the time the resolutions of the Council were sent to the licensing bodies, the English corporations had been engaged more or less in trying to carry out the wishes of the Council. They succeeded once so far as to submit a complete scheme for approval, and that scheme was about to be put into operation, when the College of Surgeons raised certain objections and difficulties. In Ireland, too, a scheme had been agreed upon with only one dissentient body. If the whole matter was now to be discussed again, and the Council wished to retreat from the position they had taken up, let it be on the broad issue that it was undesirable to have conjoint boards. Merely to approve of conjoint examinations was to get out of the difficulty by a side wind. It would be a very sad thing if, after all these years of labour and all these expressions of the Council, the whole thing should be laid aside.

Mr. MACNAMARA said as far as the conjoint scheme for Ireland was concerned it was a case of *rusticus expectat*, and a conjoint board for the country was farther off probably than in any other division of the kingdom. He regretted that such was the case, because he had spent many hours of his life in trying to carry such a scheme into effect. Everything was *couleur de rose* until the Irish bodies came to the money question, and that rock foundered the vessel. It was utterly impossible for a conjoint scheme, including the universities and corporations in Ireland, to be

carried into effect so long as one of the universities gave a surgical, medical, and midwifery qualification for twelve guineas. That too, was done in competition with the corporations, for there was no previous graduation in arts required. If it was insisted that every student in that university should go through a full arts course before receiving a medical, surgical, or midwifery qualification, there might be some justification for the cheapness of the diploma, as the student would be put to heavy expense in another direction; but no such course in arts was regarded as imperative, and therefore the university came in and undersold the corporations, which had no chance so long as such a state of affairs continued. The scheme for Ireland which had been submitted to the Council was only a partial conjoint scheme, representing the University of Dublin, the Royal College of Surgeons, the Royal College of Physicians, and the Apothecaries' Hall; the Queen's University was left out; so that the scheme could not be regarded as a conjoint one. He thoroughly understood the feeling of those who suggested that the corporations in England should conduct the examinations, while the universities took no very active part in them, when he looked at the number of people who were qualified for practice by the English universities; but Scotland and Ireland were in a totally different position, where a very large number of practitioners were licensed by the universities. In Ireland the universities licensed 149 candidates, whilst the College of Surgeons, the College of Physicians, and the Apothecaries' Hall licensed 212, so that a large proportion received their qualifications from the universities. How, then, could it be called a conjoint scheme, when the Queen's University would not join in it? A conjoint scheme omitting the universities would be the play of "Hamlet" without the part of Hamlet. As far as his experience went, he thought a feeling was gradually creeping into the profession that there was no necessity for conjoint examinations, and that the Medical Council would have to eat its own words. It appeared to him that Mr. Turner's proposal was the only practicable solution of the difficulty. If the Council could refuse to register anyone who was not licensed in both medicine and surgery, that, coupled with the supervision of examinations, would elevate the profession, and nothing more would be heard of what was called a minimum examination.

Mr. TEALE supported Sir William Gull's resolution. There appeared to be an agreement of evidence brought forward of the growing necessity for conjoint examinations. The Scotch arguments seemed to prove that there were great difficulties in Scotland, and the Irish arguments showed that the scheme there broke down mainly on the money question; but none of those arguments affected England. Two very strong facts had come before the Council recently. One was that there had been a great increase in the rejections, and the other that there was a diminution in the number of medical practitioners throughout the country. Was this increase of rejections the fault of the students, of the educating bodies, or of the examining bodies? He did not think it could for a moment be said that the students had become idle to the extent of 22 per cent. in the course of four years, for he believed they worked more and harder than they did formerly, because the early examinations prevented them from delaying their industry as they at one time did. Neither could it be the fault of the educational bodies; all of them throughout the country could not be deteriorated. And he thought he must look to the examining bodies for the answer to his question. He did not say that the examiners had been more severe than they ought to be, but he thought the number of rejections was the result of the rapid changes which had been forced upon them by the growth of medical knowledge of late years. The Council should look round and see if the rejections were too great, and seek to regulate them in some way. The requirements of medical education had been increasing year by year, and a student who passed through the College of Surgeons and the College of Physicians must have certificates on twenty-five different subjects, and of those twenty-five six were not in the curriculum when he himself was a student. It might be answered that the third course of anatomy and physiology had been taken off, but students only paid a nominal, formal attendance on those subjects in most schools. Perhaps it was thought that it was not more difficult to have one course of practical surgery and one of general surgery, but it was more difficult for the schools to arrange for those courses. These were the reasons why he thought the Council should urge on the formation of a conjoint examining board in England.

Dr. WOOD said it was quite clear that a considerable change had come over the spirit of the Council's dream since 1870. At that time the question of a conjoint board was long discussed, and many of the members were led, mainly by the persuasive eloquence of the late Dr. Parkes, to entertain the idea that there might be a great advantage derived from a conjoint scheme; but very much had happened since then. The Scotch members had been often twitted by the English members: "Look at us; look how constantly we are endeavouring to form a conjoint board; look how we are discussing and gradually approaching one another, while you in Scotland are doing nothing." Well, the Scotch bodies did try to do something; they loyally attempted to carry out the resolution of the Council; they held many meetings, and made a *bonâ fide* effort, but the result convinced them most completely that to follow after a conjoint scheme was to follow an *ignis fatuus*. On the 9th July, 1872, the Scotch bodies came to the resolution, "That the Branch Council for Scotland, although its members were never fully satisfied that the scheme suggested for conjoint examining boards would confer all the benefits desired, have nevertheless loyally attempted to carry out in Scotland the wishes of the majority of the Council; but the result of all the efforts which have, in Scotland and elsewhere, been made in promotion of such schemes, and the circumstance that several important bodies had declined to unite in any of the schemes as proposed, have convinced this Branch Council that it is expedient for the present to desist from the attempt to form such a Board in Scotland, and rather to endeavour to improve the existing system by carrying out a fuller inspection of the examinations as authorised by the Medical Act." He wished the English bodies had followed that example, because he thought their following after a Utopian scheme had been the means of preventing those legitimate combinations which were suggested by the Medical Act. The object of the Act was that, if possible, no man should be put upon the Register who had not been examined on every branch of the profession. He was glad to hear Mr. Macnamara approve of a short Act of Parliament rendering it necessary before registration that a man should have a full qualification in medicine and surgery. Scotland was far ahead of the other divisions of the kingdom in that respect. Before their conjoint examinations were established, the number of single qualifications granted there was comparatively large, but last year the numbers were completely reversed. In 1862 the College of Surgeons in Scotland granted eighty-eight single diplomas and thirty-five double qualifications; in 1868 it granted seventy-eight single and forty-one double qualifications; but in 1875 there were forty-one single and seventy-seven double qualifications. That showed considerable progress. Had England or Ireland made anything like the same progress? A good many of the single qualifications, too, were granted to men who had taken their degree in the University of Edinburgh, and with a view of encouraging those men the College dispensed with their fundamental examination, and only examined them in the practical branches. These were telling facts, and indicated that Scotland was making efforts in the right direction. Why had not the College of Surgeons and the College of Physicians in England made any combination? Their attempts had broken down because one college wanted more examining power, or something of the kind, and meanwhile they were fostering apothecaries' societies which sent out men who had only been examined in medicine. They should not strain after impossibilities. Dr. Quain was a very sanguine man, and no doubt believed in his heart that a conjoint board would ultimately be established. "*Rusticus expectans*" had been referred to, but the quotation should have been continued:

> "Rusticus expectat dum defluat amnis; at ille
> Labitur et labetur in omne volubilis ævum."

To push on the one idea of a conjoint board as the only thing that could renovate the profession was perfectly monstrous. Had the profession not been advancing? Were the licensing bodies not doing their duty? What he had stated was proof that they were. In 1862 the proportion of rejections in the College of Surgeons, Edinburgh, was 13

per cent., in 1875 it was 36 per cent. If they had the conjoint boards would they wish to increase that proportion? They had been told that the country was in want of practitioners, but if there was a much greater proportion of rejections he did not think the want could be supplied. Sir William Gull considered that there was not sufficient visitation; but he believed if the Council exercised a moderately firm system of visitation, taking three or four bodies each year, they would gradually do more good than by visiting them wholesale. It had been said that the conjoint scheme would obtain uniformity, but was that desirable? Uniformity did not prevail in the other professions, and even if there were conjoint boards for England, Scotland, and Ireland, there would still be differences. The massing together of universities and corporations would simply have the effect of making the corporation examinations a little more stringent, while it brought down the university examinations to a lower level. He therefore hoped that the corporations would go on as they had done, granting degrees, and that the corporations would take the clause of the Medical Act and form combinations among themselves.

Dr. PITMAN said Dr. Andrew Wood had somewhat reproachfully asked why the College of Surgeons and the College of Physicians in England had not united to carry out a combined examination by the two bodies. The answer to that was, that they had not done so in obedience to the desire of the Medical Council, which was that there should be but one board in the country. They had been engaged for five years in forming the conjoint board, and it was still probable that their scheme would come into operation. None of the co-operating authorities had withdrawn from that scheme, which received the sanction of the Council, and it was not to be assumed that it would never be put into operation because it had never yet been. He had been very much surprised to hear that the views of the Council were about to change. What would the public and the profession think of the Council if, after six or seven years' grave deliberation on this subject, they came now to the conclusion that conjoint boards were no longer necessary? If such a decision were arrived at, he himself would really be ashamed to take part in it. He would rather say nothing about it, and leave things as they were, than reverse the judgment come to years ago. He sincerely hoped that the latter part of the resolution, which seemed to suggest that there should be partial boards, would not be carried. If it was fully proved that a conjoint board could not be carried out by all the licensing bodies, then he would be content to take the lesser good, but otherwise he should be very unwilling to see any scheme attempted which should only comprise the three licensing bodies in England.

Dr. HALDANE thought the combination in Scotland had tended to unmixed advantage, and the single qualifications granted by the different bodies were diminishing in number annually. For nearly two years no one had obtained the licence of the College of Physicians in Scotland without having passed an examination in surgery. When the College was visited some years ago the visitors reported as a deficiency that no examination in surgery was required, and within three or four months afterwards a resolution was come to, by virtue of which no one was allowed to have the licence of the College without an examination in surgery. The number of rejections had increased considerably, and he looked upon that as a sign that the examining bodies were now doing their duty. He did not think the proportion of rejections was at all too large. He was sure that very few indeed were rejected who ought to pass, although it was still possible that some might get through who ought to be rejected.

Mr. BRADFORD said he was confident that the stringency of the examinations at the Apothecaries' Hall had not been relaxed, and he hoped that the negotiations that were now going on would result in a conjoint examination by the three licensing bodies in England, even if the universities did not join in the scheme.

Dr. THOMSON said while he was quite aware of the unanimity which prevailed in the Council in 1870, and felt to a certain degree the propriety of consistency, he did not see why, if the opinions of members of the Council had really altered, they should refuse to acknowledge the fact. He was convinced that the views of Council had changed, at all events his own had. The Scotch bodies endeavoured, to the best of their ability, to construct a conjoint board, but they found great difficulties in the way, especially with regard to the peculiar position of the universities, from which so many practitioners derived their degrees. Those difficulties were in reality insuperable, and the colleges were obliged to have recourse to other plans. At the same time the universities were not at all blind to the existence of faults in their mode of examination, and they had faithfully endeavoured to correct the defects which were pointed out by the visitors. The University of Glasgow had now seven non-professorial examiners associated with the professors in the examinations for degrees, and they regretted that circumstances prevented them having more at present.

On the motion of Mr. LISTER the debate was adjourned till to-morrow.

FRIDAY, JUNE 2ND.

Dr. Acland, President, in the chair.

The debate on Sir W. Gull's motion was resumed by Mr. LISTER, who said he could not join in the expression of regret "that up to this time and after so long delay no scheme for a Conjoint Examining Board for England, Scotland, or Ireland has yet been put in operation." He felt the less hesitation in expressing this opinion, seeing that members from all three divisions of the kingdom—Dr. Humphry, Dr. Andrew Wood, and Mr. Macnamara—admitted that the views of the members of the Council who were concerned in passing the resolutions years ago had been modified. During the past six years they had had ample opportunity for quiet deliberation and experience, and the opinions held by many of the members of the Council at the beginning of that period were not entertained now. Not that he supposed any member objected to the conjunction of boards where it could be done without certain inconveniences. There could be no doubt that it would be highly expedient for the College of Surgeons, the College of Physicians, and the Apothecaries' Society of England, to conjoin for examinations; there would then be a diminution of the expense as well as of the trouble of visitation, and if the motion had been to the effect that conjunction under certain circumstances was highly desirable, he should have supported it most cordially; but such a combination had been prevented by the effort to secure the single portal system. It did not seem to him that there was any special virtue in one portal. Theoretically it did not matter how many portals there were, provided at every portal there were efficient porters, and he doubted very much whether a Conjoint Board for England would tend to the vigilance and strength of the examiners. A man who rose to high eminence as a practitioner was naturally led to give up his position as a teacher and an examiner, and when the *esprit de corps* of the various bodies had no longer any effect on the examiners, he thought the difficulty of obtaining the best men for that office would be still greater. Examining was an exceedingly unpleasant business, and he frankly confessed that if it did not constitute an essential portion of his duties as a professor, he would not engage in it. If the one-portal system were adopted in Scotland he should decline the irksome duty of an examiner. Regarding the question from a student's point of view, it was by no means clear that a one-portal system was the best. On what principle of common fairness could a man who had obtained his degree at the London University, where the examination was much more difficult than it would be at the conjoint board, be required to subject himself to what was confessedly an inferior examination, and what privilege was he to gain by it? He often wondered whether examinations as a whole were not an evil rather than a good; whether, if students were at liberty to have their reflective faculties and judgment developed, instead of merely having their memories crammed with masses of details and the opinions of others, the advantage to the higher class of men would not overbalance the disadvantage to the lower class of men. The examinations in prospect interfered very much with study, for a man studying lectures was often hampered greatly by the fear lest he might be examined in something else. Examinations were always to a certain extent a lottery, and were still more so for the minimum qualifications than for the higher. Examinations of a large number of men which had to be got through in as short a time as possible were always apt to be conducted in a very perfunctory manner,

and it might happen that men who were really competent might not succeed. Why should a man who had passed his M.D. as a graduate of the University of London be subjected to the life-long stigma of being rejected by a conjoint board? He considered there was also some advantage in having the teacher as an examiner, for he was most likely to know something of the men he was examining. If a student knew that he would be examined by the teacher under whom he was studying he had something definite before him, and this feeling was more particularly strong in relation to scientific subjects. Take, for instance, natural history or chemistry. No one in the world knew the whole of those subjects; every teacher gave merely a selection, and it was terribly harassing for a student while studying to feel that he was to be examined by somebody else who did not know what that selection was. No doubt from one point of view it might be regarded as a monstrous thing that a teacher should examine his own pupils, but the question was whether the evil predominated over the good. The Scotch universities had recognised that there was an evil in leaving the teachers unrestrained in this matter, and there was now an extra-professorial examiner present at every examination, while no one was allowed to be an examiner in more than two subjects, however cognate. Thus the evils of professorial examinations were reduced to a minimum, while the advantages were retained. He congratulated the Council on the improvement which was gradually and quietly taking place in the examinations as a result of the visitations, and he agreed with the suggestion that there might be a selection with regard to the bodies visited. If a licensing body stood so high that visitations were comparatively superfluous, surely it was not necessary to go there year after year; while if the examinations of another body were very defective, visits might be paid there every year until the proper standard was attained.

Sir D. CORRIGAN said he intended to vote against Sir W. Gull's motion. The resolution was worded in a very clever way, so as to secure an admission that conjoint boards were approved of by the Council, but surely enough had already been said to show that the members were not agreed upon that point. The resolution was an attempt to secure approval of conjoint boards by a side wind; in fact, an attempt to gull the Council. Mr. Macnamara had said that if a regulation was passed by Parliament that every man before practising should have a double qualification, that would remedy the evil complained of.

Mr. MACNAMARA.—Coupled with a system of visitation.

Sir D. CORRIGAN said he would remind Mr. Macnamara that two years ago the College of Physicians in Ireland had the subject before them, and passed a resolution that it would be most desirable that every practitioner should be compelled by law to have a qualification both in surgery and medicine, but the proposed draft of a Bill to that effect was laid aside on Dr. Stokes's suggestion that it would be most pernicious for them to take any step towards promoting an Act of Parliament until the conjoint scheme had had a fair trial. He quite agreed with Dr. Andrew Wood that the attempt to form a conjoint board for each division of the kingdom was simply Utopian, and that a change had come over the spirit of the Council's dream; but it so happened that he himself retained the same opinion now that he announced five years ago, when on a division he found himself alone in opposing a resolution in favour of conjoint boards. Dr. Rolleston had spoken strongly against a State examination, but such an examination existed with regard to the Indian service. What was the Army Medical Board but a body to carry out a State examination? Mr. Macnamara had stated that the difficulty in getting a conjoint scheme for Ireland was entirely a question of money, but he (Sir D. Corrigan) affirmed that the scheme did not fall to the ground on the money question, but on other and more important points.

Mr. MACNAMARA.—I say decidedly it was on the money question.

Sir D. CORRIGAN said he would simply repeat the statement that in the Queen's University the question of money never arose; but insurmountable difficulties of quite a different kind were in the way. If ever a scheme deserved to succeed on the score of the enthusiasm of its advocates, no doubt the conjoint board scheme did, for all the members of the Council must recollect the earnestness with which Dr. Quain urged it.

Mr. LISTER seconded Dr. Humphry's amendment.

Dr. HUMPHRY said he wished to avoid having a division on the motion, as it would indicate that a considerable change of opinon had taken place at the board. They might, however, all agree that combinations were desirable. There was already one resolution on the Minutes of the Council affirming the view in favour of conjoint boards; it was unnecessary now to reiterate it, and he was afraid that if the motion were pressed the result might be even to neutralise it. His amendment would enable a vote to be taken on the principle of combinations rather than the principle of conjoint boards for each division of the kingdom, and it also carried out the purport of the resolution of which he had given notice in reference to the visitations of the Examinations Committee.

Dr. FLEMING said a faithful and loyal attempt had been made in every division of the kingdom to carry out conjoint boards, and there could be no doubt that, so far as England was concerned, they had failed in consequence of aiming too high. The error had been in trying to bring the English universities into the scheme. Those universities, though legally licensing bodies, were not practically so, and he doubted if there were at present a hundred names on the Register of persons who had received their licences from the universities. The corporations in Scotland had done everything in their power to make the examinations more complete, and they were fortunate enough to be in such a pecuniary position that there was no necessity to compete for students by reducing the fees. He would recommend England and Ireland to follow the example of Scotland and combine without the universities. No conjoint scheme would ever be practical in operation until there was an Act of Parliament declaring that no man should be put upon the Register who had not been examined both in surgery and medicine. He neither liked the motion nor the amendment. His view was that the Council had better go back to where they began, though he thought this discussion would have a very beneficial effect on the corporations, and he reserved to himself the privilege of moving the previous question.

Dr. ROLLESTON said, unless some conjoint scheme were carried out, the State would, some day or other, step in and say that, as it afforded protection to licensed practitioners, it had a right to see that the words "doctor" and "licentiate" meant the same thing under all possible circumstances. Let the different licensing bodies show that they recognised the English principle of the co-operation of independent bodies, but let them not go on their knees to the State, or yet act in such a manner that they would be brought on their knees by the State.

Dr. ANDREW WOOD said he was very glad the question had been raised in such a practical form by Dr. Humphry. He considered that the amendment suggested the only practical solution at present, and if he had had any doubt previously as to what his action should be on this occasion, he had been thoroughly and completely convinced by what Dr. Pitman had said. Dr. Pitman had stated that the co-operation proposed in 1872 had not been carried out because the English bodies had been waiting until they could secure a conjoint scheme. Dr. Rolleston seemed always to assume that those who took his view were the only persons who knew what was the right way, and he (Dr. Wood) demurred to having a pistol presented to his head in order to force him to support the resolution. He would not be deterred by a threat from taking any step he thought proper, and he did not believe that any Government would come and override the Council, and take from them the power of legislating for themselves, if they saw that what was being done was gradually evolving such good results as had been mentioned by other speakers. Dr. Humphry's amendment would not prevent the English bodies from having a conjoint examination if they could arrange for it. It simply said that they did not consider that the only infallible plan, and recommended them to take the clause of the Medical Act, and form the combination which they were there empowered to form. As yet the uniportal system had been found to be utterly unworkable, and he hoped that the corporations would no longer be delayed by attempting to secure a phantom scheme, but would at once do what the law authorised; for he was sure such a combination would redound to the benefit of the profession. If Sir Wm. Gull persisted in raising the issue whether the conjoint board scheme was the only one that should be sought after, the

division would undoubtedly show that there had been a very great change of opinion in the Council.

Dr. A. SMITH considered the amendment unnecessary; for he did not think it went a bit further than the 19th clause of the Medical Act. Dr. Humphry's chief reason for urging Sir Wm. Gull to withdraw his motion was to prevent disclosing the differences that prevailed at the Council as to conjoint boards, but those differences would appear from the reports in the public press, and it was now impossible to conceal them. Thank God, they could not hide their proceedings while the representatives of the press were present.

Mr. SIMON hoped Dr. Humphry would be induced to withdraw his amendment, for it tended to perplex the question, and draw away attention from the real issue. It might, however, be brought on as a substantive motion after the vote had been taken on Sir Wm. Gull's proposal.

Dr. HUMPHRY said he was quite ready to follow that course if the Council permitted him to do so, and the amendment was therefore withdrawn upon that understanding.

Mr. SIMON said he approved of the motion because he did regret that up to this time and after so long delay no scheme for a conjoint examining board for England, Scotland, or Ireland had yet been put in operation. During the eighteen years of the Council's existence, he considered they had never passed resolutions which more commanded the assent of the medical profession than those relating to the conjoint boards. He had never heard a difference of opinion expressed among intelligent, impartial persons, and by the profession at large the consolidation of the examining authorities was regarded as indispensable for the maintenance of a proper standard of education. It had been suggested that the combination should be limited to the corporations, and that the universities might be left outside; but, speaking for England, he should extremely regret if that course were taken. There was at the present moment a temporary hitch, but he had no doubt that the difficulty would be got over. He believed in the public spirit of the licensing bodies, and if a conjoint board were established in England, the result, so far as the other divisions of the kingdom were concerned, would be that the feeling which prevailed some thirty years ago would be revived, and the tendency of English opinion would be to depreciate Scotch qualifications. It had been said that the Council had changed its mind since 1872; but, on the contrary, he believed the Council was now pretty much of the same opinion as it was then. Five years ago in the first instance the majority of the members were for maintaining the separate action of authorities, and it was only gradually and reluctantly that the Council at last arrived at the almost unanimous conclusion that a conjoint board for each division of the kingdom was necessary. At that time it happened that public opinion had been very much directed to the matter, and the Council felt that there was practically little choice left it. Nothing was further from his mind than a threat, but if the attention of the profession and the Government were again drawn to the subject he had no doubt that the Council would vote again as it did in 1872.

Dr. QUAIN said he was disposed to move an amendment to the resolution, for he did not think the Council knew enough of the reasons why the several bodies had not carried out the resolutions sent to them from the Council. He considered inquiry should be made preliminary to any vote of censure, for the expression of regret in the motion was really a vote of censure. One member of the Council had said it was the money question which prevented the combination in Ireland, while another said it was not.

Sir D. CORRIGAN.—I said, as regards my body the money question never entered into consideration.

Dr. QUAIN said the Queen's University could be very soon settled. It was supported by Government funds, and if the Government thought a conjoint scheme was necessary for Ireland, that University would very soon join in it. The Council, however, had no evidence why the scheme had not been carried out in Ireland. In England the difficulty was not so much a matter of money as of sentiment. Neither was there any evidence of the grounds why the resolutions had been disregarded in Scotland, and the simple course would be to ask the bodies why they had not carried out the suggestions of the resolutions; and, in addition, to ask the English and Irish bodies where the scheme was which had been approved by the Council, and why it had not been put in operation. The Council would then be prepared to give a decision on the subject. Dr. Quain then traced the history of the resolutions which the Council had adopted on the subject, and concluded by expressing his opinion that if some conjoint scheme was not carried out an independent conjoint board would be formed, for no Government that consulted the interests of the public would listen to nineteen examining bodies with nineteen separate qualifications, and different fees for their licences. It was the duty of a Government to see that the public were provided with competent practitioners, and not left to the mercy of bodies interested in the fees. He proposed an amendment to the effect that a copy of the resolution of the Council on Feb. 20th, 1870, should be sent to the licensing bodies with a request for information as to why conjoint schemes had not been carried out.

Dr. PYLE seconded the amendment; but, after a short discussion, the amendment was withdrawn, on the understanding that it might be brought forward as a substantive motion in the same way as Dr. Humphry's amendment.

Sir W. GULL said for the last five years he had been in the habit of proposing a motion somewhat similar to that now before the Council, and the simple question now was whether the members were prepared to stultify themselves by the vote they were about to give. A great deal had been said about a minimum examination, as if the intention in establishing a conjoint board in each division of the kingdom was to have the examination as low as possible; but that idea was quite contrary to the fact. The examination would be a minimum examination because every practitioner would have to pass it; but the object would be to raise the standard as high as was compatible with the conditions of the time. Mr. Macnamara had said that in Ireland one institution seemed to desire to license practitioners as cheaply as possible, and that was a feeling which more or less prevailed universally. That would be entirely overcome by the establishment of conjoint boards. He had always felt that for a minimum standard examination for the requirements of the public the country itself should pay, and not the students. A student should pay for his honours and for his education, but when he came to be examined the expenses might very well be put upon the Consolidated Fund. Then, in the matter of visitations, it was evident that there must be six times as much difficulty in visiting nineteen examinations as in visiting three. Professor Lister's arguments amounted simply to this, that examinations were of very little value at all; while Dr. Andrew Wood, if his contention was worth anything, should propose that the Council adjourned for five years. The examination by teachers was entirely opposed to what the Council had already decided. No doubt it was very convenient for students to be examined by their own teachers, and if all teachers were like Professor Lister they might be trusted to examine their own students; but what would be the result if an ignorant teacher examined an ignorant student? He did not think there was sufficient examining power in the kingdom to supply the whole of the licensing bodies. A student was now embarrassed with the number of examinations he had to pass. If England formed a conjoint scheme the other divisions of the kingdom would be sure to follow, and he trusted the Council would agree with him in expressing regret that no conjoint scheme had yet been put in operation in England.

The PRESIDENT said he regarded the question purely as a national one. All personal interests should be laid aside at that Council. One thing it was always dangerous for a great public institution to do—namely, to pass a vote in censure of its own deliberate conclusions. He had looked through all the documents bearing upon this subject, and in the report upon the examinations the Council said they felt assured that the examinations for the licence would never be satisfactory without a combination. Nothing that had passed in this discussion had convinced him that the Council was wrong in expressing that opinion. The question then arose whether, after that strong expression, the Council ought to pass a vote acknowledging that on that occasion it was in error. He had come to the conclusion, from the numerous meetings which had been held, that a conjoint board would certainly be formed in England, and it would be a grave national misfortune if the combination did not include all the licensing bodies. He was sure that the best scheme for England would be to include all the

licensing bodies, but at the present moment he had not the remotest conception what would be the best for Scotland and Ireland. He had heard statements with regard to the difficulties of students and teachers under the present pressure of examinations which were absolutely touching, and he hoped the result of the discussion would be to show that the Council were looking forwards and not backwards.

The motion was put to the vote and carried by 15 against 6.

On the motion of Sir D. CORRIGAN the names of those voting were recorded. Majority: Dr. Pitman, Mr. Quain, Mr. Bradford, Dr. Rolleston, Dr. Humphry, Dr. Pyle, Dr. Storrar, Mr. Macnamara, Dr. Leet, Dr. Apjohn, Dr. Quain, Sir William Gull, Mr. Simon, Mr. Teale, Dr. Stokes. Minority: Dr. Haldane, Dr. Andrew Wood, Mr. Turner, Dr. A. Smith, Sir Dominic Corrigan, Mr. Lister. Declined to vote: The President, Dr. Fleming, Dr. Thomson.

Dr. Humphry's motion was then brought forward.

Dr. THOMSON said he had declined to vote on Sir W. Gull's motion because, while agreeing with the latter part, he still felt a difficulty in expressing regret as proposed in the first part.

Mr. TURNER said he had felt bound to vote against the motion because Sir W. Gull's speech rather invited them to regard it as a decision with regard to England. At the same time he did not wish it to be understood that he was opposed to the principle of combination.

Sir W. GULL considered that if the amendment were carried the Council would simply vote for something very much less than it had already decided on.

Mr. LISTER said he also was strongly in favour of combination, though he had voted against the motion.

Dr. ANDREW WOOD said he supported Dr. Humphry's motion because he he was not nearly so sanguine as Sir W. Gull about the carrying out of a conjoint scheme. It was better to have some combination than none at all, and Dr. Pitman had said England had been prevented from combining by waiting for a complete conjoint scheme.

Dr. A. SMITH said he should vote for the present motion as it merely sought to put pressure on the licensing bodies, while it left them to consider what would be the best scheme to adopt.

Dr. ROLLESTON said the present motion was merely a half-way house to the motion which had already been passed. When the greater thing had been attained it was a waste of time to discuss the lesser.

Dr. STORRAR said he could not but look upon Dr. Humphry's motion as a qualification of that on which they had just voted, and therefore he could not support it.

The motion was put to the vote and negatived, the following being the division list:—Majority: Dr. Pitman, Mr. Bradford, Dr. Rolleston, Dr. Pyle, Dr. Storrar, Mr. Macnamara, Dr. Leet, Dr. Apjohn, Sir D. Corrigan, Dr. Quain, Mr. Simon, Mr. Teale. Minority: Mr. Quain, Dr. Humphry, Dr. Haldane, Dr. Andrew Wood, Dr. Fleming, Mr. Turner, Dr. Thomson, Dr. A. Smith, Mr. Lister, Dr. Stokes.

The President declined to vote and Sir W. Gull was absent.

Dr. A. SMITH proposed, "That the contemplated conjoint scheme for England shall be submitted to the General Medical Council for its consideration and approbation before the scheme shall be brought into operation." He proposed this simply as a safeguard.

The motion found no seconder, and was therefore lost.

VISITATION OF EXAMINATIONS.

The Council resumed, and on the motion of Dr. QUAIN, seconded by Dr. A. SMITH, the following report was adopted:—

"*General Regulations for the Visitation of Examinations.*—1. That when the Council shall at any time decide to resume the visitation of examinations, arrangements shall be so made that the series shall be completed within a period of five years. Such arrangements not to interfere with any special visitations which the Council may think fit to direct to be made. 2. That the arrangements for the visitations, and the appointment of the visitors, and all the details thereof not otherwise provided for by the Council, shall be entrusted to the Executive Committee. 3. That the various examining bodies shall be requested to forward, before a fixed date to be named by the Executive Committee, to the Registrar of the General Medical Council a statement showing the subjects of examination, as well as the days and hours at which the several examinations will be held by them during the ensuing year. 4. That the visitations shall be conducted by members of the Council jointly with others not members of the Council. 5. That the visitors shall be paid for the discharge of the duties of visitation, for their travelling expenses and maintenance at the same rate as that fixed by the General Council, and approved by the Lords Commissioners of her Majesty's Treasury, for attendance at the meetings of the Council. 6. That as far as possible the visitors shall be made acquainted with previous reports of the examinations they are about to inspect, and also of the remarks of the licensing bodies on those reports. 7. That the duties of the visitors shall be to inquire into and report to the Council as to the sufficiency of the examinations conducted by the several licensing bodies, as tests of the candidates' fitness to obtain the respective qualifications. 8. That the reports of the visitors shall be forwarded, with as little delay as possible, to the registrar, who shall lay them before the Executive Committee, or the President, in the intervals of the meetings of the committee. 9. That the Executive Committee, or the President, shall forward the reports of the visitors to the several licensing bodies, to which such reports refer, for their consideration, with a request that the several bodies will make such observations and remarks thereon as they may think necessary, and forward the same with as little delay as possible to the registrar. 10. That the reports of the visitors, and the remarks and observations upon them, shall not be made public until after they have been submitted to a meeting of the General Medical Council. 11. That a special minute book, in respect to the visitations of the examinations, be kept by the registrar of the General Council."

An amendment, proposed by Mr. MACNAMARA, and seconded by Dr. LEET, "That the visitations shall not be conducted by members of the Council, but by visitors appointed from without the Council," was negatived.

The Council then adjourned till to-morrow at twelve o'clock.

SATURDAY, JUNE 3RD.

The Council met at twelve o'clock to-day instead of one o'clock, the usual hour of the Saturday's sitting.

The first business was the election of the Executive Committee. A ballot was taken, and the following gentlemen were elected:—Dr. Wood, Dr. Humphry, Dr. Quain, Dr. Smith, Mr. Simon, and Dr. Pitman.

Dr. THOMSON brought up a report from the Committee on Bills. The first section related to Mr. Russell Gurney's Bill, and the first paragraph of this section, which was as follows, was unanimously adopted:—"The committee recommend that the General Medical Council, in answer to the request of the Lord President of the Council, that they would give an opinion on the Bill introduced by Mr. Russell Gurney, 'to remove Restrictions on the granting of Qualifications for Registration under the Medical Act on the ground of Sex,' beg in the outset to refer to the resolutions adopted by them on June 26th, 1875, on the general question of the admission of women to the medical profession. A copy of these resolutions is again sent for the information of the Lord President."

Dr. THOMSON then moved the adoption of the remainder of the report, viz.:—"The Council have been advised that Clause 1 of Mr. Russell Gurney's Bill, as at present worded, might render it compulsory on the bodies mentioned in Schedule A to the Medical Act to grant their respective qualifications to all persons without distinction of sex. The Lord President will observe that if the Bill operated in this way it would be against the opinion expressed by the Medical Council in the resolutions of last year, that it is undesirable to interfere with the free action of the universities and corporations in this matter; and, moreover, the Council are informed that Mr. Russell Gurney has no intention that the measure should be compulsory. The Council would therefore suggest that Clause 1 should be so amended as to make it quite clear that the exercise of the extended powers which it is proposed to grant would be at the discretion of the bodies concerned, and not obligatory. The Council also are of opinion that the qualifications conferred should not, except at the further discretion of the bodies,

carry with them any right to take part in the government of the universities or corporations, or any right or privilege beyond that of registration with a view to the practice of the medical profession." This report, he said, would lead the Council a step farther than the resolution of last year. No doubt the Council might be glad to shelter itself under its previous expression of opinion, but considering the request of the Lord President, and the circumstances that had taken place since last year in regard to public opinion, he hoped the Council would see the propriety of really taking up the consideration of the point raised in Mr. Cowper-Temple's Bill and express a decided opinion upon it. He believed the Council's resolution of last year (which was a guarded one, and provided for the scruples felt by many in regard to the admission of women) had met with very general approval. It provided a remedy for what some regarded as an injustice, and the question now was how the proposed measure should be carried out. He was aware of the difficulties surrounding the question. He was not himself very sanguine as to the number of women who would enter the profession; he did not think it desirable that the number should be large, and he should decidedly object to the education of young men and women together for the medical profession. Still the Council would soon be called upon to consider in what manner the examination and education of women should be carried on. The principal difficulty was that of providing hospital instruction. He thought there was one method that would satisfy the requirements of the case, and at the same time meet the scruples of those who objected to the admission of women—viz., by providing in the first instance hospital instruction for women in which they should be called upon to attend only upon women. The principles and practice of medicine and surgery could as well be taught and learned upon females as upon males, and he hoped that when the whole matter can be considered, those who advocate the admission of women to the profession would be contented with such a provision in the first instance.

Dr. PYLE seconded the resolution.

Dr. HUMPHRY said he entirely agreed with the purport of the scheme, but did not think the clause proposed really carried out the intentions of the committee. The Act proposed to extend the power of the several licensing bodies to grant their existing qualifications without distinction of sex. It did not, however, cover that which was required, and even with the additions proposed by the committee it would still be quite impossible for the greater number of universities in England to grant any licence without distinction of sex, forasmuch as a licence could not be obtained in them without a degree. There was no power in any university to grant a degree to women, and there would not therefore be the power in a university to grant a licence or qualification to practise to women. Something more was absolutely required if women were to obtain a qualification in the United Kingdom; he therefore moved as an amendment the addition of the following words:—"The Council would suggest that the object contemplated by the Bill might be attained by enabling any of the licensing bodies mentioned in Schedule A of the Medical Act to grant a qualification for admission to the Register to men or women, in addition to the qualifications specified in that Act. But the granting of such additional qualification should be at the discretion of the bodies concerned, and not obligatory; and that such additional qualification should not, except at the further discretion of the bodies, carry with it any right to take part in the government of the universities or corporations, or any right or privilege beyond that of registration with a view to the practice of the medical profession. Further, that the courses of study and the examinations for such additional qualification should be under the supervision and control of the Medical Council, in the same manner as the courses of study and examination for the existing qualifications now are." The real proposal was that there should be an additional qualification to be granted by licensing bodies without the distinction of sex. The Medical Council having stated that women ought not to be debarred from entering the medical profession, and having objected to two proposals for removing that bar, it was for them to show distinctly in what way the door might be unbarred.

Dr. ROLLESTON seconded the amendment.

Dr. ANDREW WOOD did not think that question was now before the Council. They were not now going into the general question of the desirability of women being admitted into the profession. Dr. Thomson had said he thought it was not desirable that a great many of them should be introduced into the profession, and he (Dr. Wood) thought it was not desirable that any should be brought in. But that was not the question before them. Mr. Russell Gurney's Bill was sent down to them, and it was the duty of the Council to tell the Duke of Richmond what alterations should be made in the Bill to save the rights and privileges of the profession. He should certainly vote against the amendment, and in voting for the motion he made the best of a bad bargain; and if the Bill was to be brought in he would endeavour as much as possible to mitigate the evils that a bad Bill was likely to bring about. Dr. Humphry's amendment would, if carried, pledge the Council to an opinion which it did not hold—viz, that it was desirable that women should enter the profession, whereas all that they said was that women should not be debarred.

Mr. LISTER could not support the amendment. They had a sufficient number of titles for men, and that they should have an additional set of examinations for titles for the male sex for the sake of giving a title to women was a most unnecessary proposal. One serious objection would be that it would change the whole character of the universities with reference to the medical profession. Instead of requiring a high qualification in arts as a preliminary, the universities were at once to be converted into a series of licensing bodies, without any previous study and examination in arts. If it were desirable that Oxford and Cambridge should insist on a B.A. degree for men, on just the same principle they must do so for women. He understood that women would not be satisfied with a different title, feeling that if they passed the examinations there was no reason why a difference should be made in the title conferred upon them, and no doubt something was to be said on that side of the question.

The PRESIDENT informed the Council that from an interview he had had with Mr. Russell Gurney that morning it was not his intention to make the measure compulsory, and also that Mr. Gurney would be very glad to add any words to the clause to meet the wishes of the Council in the matter.

Dr. ROLLESTON said that the duty of the Council was to consider the rights and duties not merely of the profession but of the public; and if the Council declined to take up the matter now before them, they would be abdicating their functions, and the work which they ought themselves to do would be done *ab extra*.

Dr. THOMSON said that there was no difference of opinion except with reference to the last clause of the section which he had moved (and to which alone Dr. Humphry's amendment was applicable), and he suggested that the previous clauses should be voted upon.

This suggestion was adopted, and the unopposed clauses were unanimously agreed to.

Dr. THOMSON then stated that the view expressed by Dr. Humphry had been duly considered in committee, who felt that it raised new issues which ought not now to be brought before the Council.

Mr. SIMON took exception to the amendment as complicating the question which the Council had to decide. They were called upon to report to the Government their opinion upon the Bill, and the committee had done its best to fulfil their commission, which was not an easy one. He was bound to say that he differed from the conclusion to which the Council last year arrived, and as a new member he felt hampered by that fact. The view expressed by the Council was an incomplete one. He had carefully read the debates, and found member after member expressing an opinion that the medical profession was not a fit thing for women, but the Council resolved that they were "not prepared to say that women ought to be excluded from the profession." Between those two positions came Dr. Humphry's amendment. The Council held with respect to men that no one should be regarded as qualified to enter the profession who was not qualified to practise all parts of it; and on that basis he was disposed to think that women ought to be excluded. Not that they should be excluded by law; but the Council did not regard them as fit to practise all departments of the profession. Then might

come Dr. Humphry's proposal, except that the statement should be that the qualification was a new one, with distinction of sex. If they were of opinion that women ought to be admitted, they were not entitled to ask Government to make it optional with the bodies whether they would admit them or not; they should admit them equally with men. There was no escape from that dilemma, and to that extent he differed from the views which had been expressed. From that point of view he could not but express his astonishment that a gentleman who had declared his belief that women were neither morally nor physically fitted for the medical profession, should nevertheless have seconded Dr. Rolleston's proposal that Mr. Russell Gurney's Bill, which would empower all the universities and medical corporations to admit women, "may be safely recommended." He ventured to demur to Dr. Thomson's statement that the Council would soon have to consider the means by which women were to acquire hospital education. The Council did not consider how young men were to get their medical schools. It was a matter of supply and demand. The schools arose for men as they were wanted, and it would be the same with regard to women. He hoped Dr. Humphry's proposal would not be pressed. If hereafter it should be brought forward as a separate motion it might be well deserving of consideration, as carrying out the policy of last year, but it would be inconvenient to take it as an amendment on the report of the committee.

Dr. HUMPHRY asked to be allowed to alter the words "without distinction of sex" in his amendment to the words "men or women." This alteration having been made, the amendment was put, and, receiving only two votes, was negatived.

The clause of the committee's report was then adopted.

Dr. THOMSON moved the adoption of the fourth section:—"By the communications from the Royal College of Surgeons and the Obstetrical Society of London, the question is raised as to the propriety of the registration of midwifery certificates independently of qualifications to practise medicine and surgery. The committee regard it as a serious error in the Medical Act that holders, whether male or female, of such independent midwifery certificates as may be granted under their charters by the Royal College of Surgeons of England, the King and Queen's College of Physicians of Ireland, and the Royal College of Surgeons in Ireland, should be entitled to be registered merely on such certificates. The committee therefore are of opinion that it is desirable that this error of the Medical Act, which is calculated to be injurious to the public interests, should be corrected by legislation." He hoped the recommendation of the committee would meet with the approval of the Council, for he thought that the conferring of partial qualifications was inexpedient and injurious to the profession and the public. There might be circumstances—as, for example, in the case of women practising midwifery—in which they might be disposed to approve of a partial qualification of the kind, but no one would be found to defend the existence of such partial qualifications in general.

Mr. SIMON seconded the motion. He said those who sympathised with the claims of females to be registered took some such ground as this, that notoriously there were certain parts of medicine which women could practise, and which in other countries they did practise, and that some women in this country desired in certain cases to be attended by their own sex. He did not see the least objection to women being admitted to some degree of responsibility in midwifery and nursery practice. Whether it would answer or not he could not say—at any rate, it would satisfy the common sense of the country that no injustice had been done. It was true those who were agitating in this cause would not probably be satisfied by this concession, but the country would be satisfied that they had then no just cause of complaint. He should be very glad if the Council saw fit during the recess to refer to a committee to consider whether some qualification might be devised answering to what they might fairly consider were female capacities for practice.

Dr. A. SMITH said he could not agree with the opinion expressed in the last clause: "The committee, therefore, are of opinion that it is desirable that this error of the Medical Act, which is calculated to be injurious to the public interests, should be corrected by legislation. No inconvenience whatever had resulted from the course taken by the College of Physicians of Ireland, owing to the precautions taken never to grant a preliminary examination in midwifery to any person who had not a previous qualification.

Dr. WOOD said he objected to keeping on the schedule to the Medical Act the words "Licences in Midwifery" for this reason, that he held that every licence to practise should include examination and testing in midwifery, and the fact of giving a separate licence seemed almost to say that they might have examinations in medicine and surgery in which midwifery was not thoroughly tested.

Sir D. CORRIGAN said the College of Surgeons in Ireland gave a licence in surgery without any examination in midwifery. In Dublin, in Paris, and perhaps in London, there were women who made a very good income from the practice of midwifery, and who described themselves as midwives and as practitioners in midwifery. Public opinion had gone ahead of them, and to the public it would appear very absurd if no examination could be granted in midwifery unless the woman was qualified for a surgeon. Public opinion and public usage had said that women were qualified to attend women in their confinements, and public opinion had sanctioned that custom. Was it wise for the Medical Council to fly in the face of public opinion? What had the Government Board of Ireland done? It had absolutely attached to every union in the country a salaried midwife. He thought it was the duty of the Council to give the public an assurance that the women practising midwifery were legalised by some body or other. He should, therefore, propose as an addition to the report the following sentence:—"That a separate register should be instituted for women who have been examined in midwifery and obtained certificates from any of the corporate licensing bodies included in Schedule A of the Medical Act." The duty of the Council was not to advocate placing women on their Register, but to discriminate between the bodies on whose responsibility and truth they would rely as to the issuing of the certificates, and those bodies who derived a profit from selling the certificates, and were, therefore, only too well disposed to grant them to everyone who asked.

Dr. A. SMITH seconded the amendment.

On the suggestion of the President the amendment was deferred until after the motion had been carried, so that it might be taken as a separate proposal.

Section 4 having been agreed to,

Sir D. CORRIGAN moved the adoption of his proposition to the report.

The PRESIDENT said this, if adopted, would be a most happy solution of a most complicated and difficult question, and instead of the Council being behind public opinion it would take the public by surprise because it so completely solved the difficulty.

Dr. ROLLESTON wished it to be understood that the term "midwifery" included diseases of women, for unless it did so he believed it would not meet the circumstances of the case.

Dr. THOMSON said the Council did not attempt to define practice in other parts of the profession—they scarcely made any distinction between medicine and surgery,—and it would be extremely undesirable to give any definition in this case.

Mr. SIMON suggested that during the recess the committee of the Council should carefully consider not only the question of the best mode of dealing with the popular midwife who should be registerable, but also the larger question, whether by any possible examination or test women could be declared competent to go universally into medicine and surgery. The Council, he said, would have to express itself more definitely on that point than it did last year. The real truth of the matter, he thought, lay between the extreme views of those who held that women, being equal with men, were competent to undertake all departments of medicine, and the view of those who thought that the world would come to an end because two or three women were entered on the Medical Register. He thought there would be no serious harm done by their being on the Register. The women themselves should be the judges of their own interest in the matter.

Mr. TURNER said that the proposed addition was in entire accordance with a resolution passed by the Council last year

Sir D. CORRIGAN strongly objected to the addition of the words "and diseases of women." It would be an indirect way of expressing an opinion that women were fit to treat the diseases of women which did not differ from the diseases of men. Parturition itself was not a disease, but a natural function; it occasionally needed watching and a little aid, and the midwife was required to sit by to see that nothing went wrong. It was said that women often preferred to be attended by persons of their own sex. There was scarcely a convent in Ireland some of whose inmates he (Sir D. Corrigan) had not had before him; and he had often asked them as to their opinion of a statement that had been made to the effect that "hundreds of instances had occurred in Ireland in which valuable lives had been lost owing to the natural reluctance of women to consult male attendants," and the reply had invariably been, "we would not let one of them" (the women) "come near us."

The additional words proposed by Sir D. Corrigan were then adopted.

Dr. THOMSON moved the adoption of the following as Section 5 of the committee's report:—"The committee are of opinion that the communication on the subject of State medicine qualifications from the British Medical Association should be acknowledged; and that the Association should be informed that the subject of a qualification in State medicine or public health has long occupied the attention of the Council. The committee would recommend the Council to express their opinion that any degree or diploma in State medicine should not of itself (that is to say, apart from any of the present qualifications) constitute a claim to be enrolled in the Medical Register. Whether the diploma, though not separately registerable, might properly be admitted to registration on the footing of an additional qualification is a question which, in the opinion of the Council, does not at the present time admit of being brought to a satisfactory practical settlement." The committee, he said, had gone carefully into the consideration of the various forms in which the registration of such diplomas might take place, and had come to the conclusion that that was a matter they should not attempt at present to determine. They had expressed the opinion that qualifications in State medicine should not be registered as partial qualifications alone, but the difficulty arose as to whether they had any right to enter upon the registration of mere titles or partial qualifications.

Dr. STORRAR seconded the motion, which was unanimously adopted.

Dr. THOMSON then moved the following as an addition to the foregoing paragraph:—"Whether the diploma, though not separately registerable, might properly be admitted to registration on the footing of an additional qualification is a question which, in the opinion of the Council, does not at the present time admit of being brought to a satisfactory practical settlement."

Mr. TURNER seconded the motion, which was agreed to.

On the motion of Dr. THOMSON, seconded by Dr. PYLE, the following words were substituted for clauses 3 and 4 of section 2:—"As regards the registration under the Medical Act of a diploma in State medicine, as proposed by Mr. Gibson's Bill, the committee recommend that the Council should express their opinion that any degree or diploma in State medicine or public health, which may be granted by any of the bodies mentioned in Schedule A to the Medical Act, should not of itself (that is to say, apart from any of the present qualifications) constitute a claim to be enrolled in the Medical Register."

Dr. SMITH complained that the report, as amended, did not, with sufficient clearness, express the view of the Council that the privilege of registration should not be limited to universities; and he proposed the addition of the following words:—"The committee are further of opinion that, if such qualifications be rendered registerable by Act of Parliament, the privilege of such registration should not be confined to universities as provided in the Bill, but should also be extended to all degrees, diplomas, and certificates in State medicine or public health which may be granted by any of the bodies included in Schedule A of the Medical Act."

The report having thus been amended in its various sections, it was agreed to as a whole by the Council. It was also resolved that the report, so far as it related to the Bills of Mr. Gibson, Mr. Russell Gurney, and Mr. Cowper-Temple, should be transmitted to the Lord President of the Privy Council, and that copies of the resolutions of the Council in answer to their communications be addressed to the Royal College of Surgeons of England, the Obstetrical Society of London, the British Medical Association, and to the Secretary of the Foreign Graduates' Association.

MONDAY, JUNE 5TH.

The Council met at twelve o'clock.

PRELIMINARY EXAMINATIONS.

Dr. HALDANE moved the following resolution:—"That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases of decided ignorance in general education displayed by candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the registrar of the General Medical Council." He said on the importance of preliminary examination no doubt could be entertained, and the Council showed the importance it attached to it by directing attention to it at a very early period of its proceedings. He felt that the only way to raise the social position of members of the medical profession was to raise the standard of education. The efforts of the Council in this respect had been fully appreciated by the medical profession and also by the public; but although good had been done, the benefits derived had not been quite in proportion to the good will of the Council. Having acted for a number of years as an examiner both in preliminary and professional examinations, two conclusions had been forced upon him. The first was that of the candidates who present themselves for preliminary examination a considerable proportion were decidedly deficient in regard to general education; and the second, that a considerable number of students were admitted upon the Register whose attainments in general education did not justify their being so admitted. With reference to the first point, he spoke as having been on the board of preliminary examiners for a number of years. In Edinburgh the standard for the preliminary examination was not high, but it was uniform. It was the minimum fixed by the Council; for obligatory subjects there were English, Arithmetic, Algebra, Geometry, and Latin, the optional subjects, of which the candidate was to take one, being Greek, French, German, and Natural Philosophy. This certainly was not too high a standard, but it was a melancholy fact that a very small proportion of the candidates were able to pass this examination on the first occasion. The knowledge of English could only be said to be moderately satisfactory, and a certain number of candidates were rejected every year for deficiency in spelling. In Latin the deficiency was positively deplorable, not more than twenty or twenty-five per cent. passing on the first occasion. Two of the optional subjects—viz., Greek and German—were very seldom chosen, but the students selecting them generally passed. In French and natural philosophy the result was different; students often had a sort of smattering on those subjects, and felt entitled to take a shie at one or other, and in both rejections were exceeding frequent. This clearly showed that the knowledge of the candidates who came up to be admitted to the Register was very deficient, and pointed to a comparatively low state of the preliminary education of the country. How it happened that candidates were admitted upon the Register who had such very deficient preliminary knowledge he did not propose to explain. He did not believe it was from any wish on the part of the different bodies to evade the directions of the Council, but rather from a sort of desperation. The candidates who appeared were often so bad that the examiners felt, if they rejected every man who ought to be rejected, comparatively few would be allowed to study for the medical profession. Be this as it may, there could be no doubt of the fact to which he alluded. The remedy was in the elevation of the general education of the country, but with that the Council could not interfere. The only other plan was to introduce the system of visitations that had proved so successful in the case of professional examinations; not that he proposed that the Council should send visitors to the different preliminary examinations, but that the different licensing bodies should, so to speak, visit one another. The object of

his resolution was to recommend that in cases where candidates for professional examination displayed decided ignorance in general education, examiners should be requested to report on the matter to the bodies with which they were connected, and that those bodies should be recommended to transmit to the Council either the reports in question or a statement of the facts.

Dr. STORRAR seconded the resolution.

Dr. PITMAN opposed the resolution. If any exceptions were to be taken to the knowledge of candidates who came up for their professional examinations they should be taken at the time they were passing, and not afterwards. If this resolution were sent to the licensing bodies they would have great difficulty in dealing with it, and he doubted very much whether the Council would get any useful information on which they could act. He believed some better plan might be devised if more time were given for consideration. The Council should be very careful in putting before the licensing bodies any recommendation which they could not conscientiously enforce, and he did not think they could enforce this recommendation in the terms in which it came before them.

Dr. WOOD said he was surprised at the objection taken by Dr. Pitman. There were a number of men who, when they came up for their professional examination, showed the grossest ignorance in general education, and the embarrassment caused to professional examiners was very great; and no doubt men were admitted into the profession who were totally incompetent to be so admitted. Dr. Haldane's object, where men were so deficient in their general education, was to find out where they had passed their preliminary examination, and to call the attention of those bodies to the fact in order that their examinations might be improved. The Council were quite entitled to take action upon this question, because it was part of their duty to prepare a list of the bodies who had to qualify in general education, and if they found any board was sending inefficient men into the profession they would take care to erase them from the list. He thought there could be no harm in trying the effect of this recommendation.

Sir D. CORRIGAN proposed the following amendment:—"That the only true guard against decided ignorance in general education displayed by candidates will be found in the laying down of a curriculum, specifying that examinations were to be held at certain specified times in like manner as adopted by universities in their course of arts, and that failure at any one of these examinations shall incapacitate candidates from proceeding to the next examination until the previous examination in which failure has occurred has been passed." He entertained very serious objections to Dr. Haldane's resolution, which he believed would be wholly impracticable. He agreed with Dr. Pitman that if there was an objection to be made to preliminary examination it ought to be made at the time of such examination. He believed it was possible for a man to have a profound knowledge of medicine and surgery who has no very great knowledge of Latin and Greek.

Dr. A. SMITH seconded the amendment. Dr. Haldane's object was of the highest importance, but he believed the time had not arrived for setting it in operation. Part of the motion was that the examiners were to report, but in the present state of affairs it would be exceedingly difficult to find out where the preliminary examinations of candidates had taken place. But, presuming it had been found out, say at Montreal or Melbourne, how could they get any control over those bodies? The motion involved the reconsideration of the whole question of preliminary examinations, and he believed one of the first duties of the Council at its next meeting would be to take up seriously the question of preliminary education. It would be wiser to postpone the subject to a future meeting than to pass a crude resolution that would be really of no use in the mean time.

Dr. HALDANE said he would, with the consent of the Council, withdraw his resolution and substitute for it the following statement:—"The General Council desire to direct attention to the important fact that many candidates still enter upon their professional studies who are very deficient in preliminary education."

Sir WILLIAM GULL said he would second the substituted motion. It was no doubt of the greatest importance, if their profession was to retain its position in society, to see that the gentlemen entering it should be intelligent and instructed. He placed intelligence first. A medical man should have intelligence and that must be tested by his education and the way he answers questions. Medicine being an intellectual profession, the intelligence of the students should be tested as far as possible as well as their education, and so tested as to exclude men obviously unfit for such a profession, but who would make very useful members of society in some other calling. No doubt the preliminary examinations were the stuff of which medical men were to be made, and unless the material was good at the beginning it was in vain to work upon it afterwards.

The resolution was then withdrawn and the amendment of Sir D. Corrigan stood as an original motion, to which Dr. Haldane's substituted resolution was an amendment.

Mr. MACNAMARA having supported the adjournment of the general subject till next year, when he hoped it would be one of the first questions coming before the consideration of the Council,

The amendment was then put and agreed to by a very large majority.

THE REPORT OF THE COMMITTEE ON VISITATIONS.

This report was then presented.

Dr. HUMPHRY brought up this report, and moved that it be received and entered on the Minutes. In doing so, he said he could not refrain from expressing the sense of the committee at the irreparable loss they had suffered in the decease of their late chairman, Dr. Parkes. The zeal, tempered with discretion, his courage and firmness, based upon knowledge, judgment, and high motive, would never be forgotten by those who were associated with him in the Council, or indeed by the whole medical profession. The report of the committee was on the whole highly satisfactory. These visitations were commenced by the Council in no censorious spirit, but with a simple desire to ascertain the facts relative to the examinations of the United Kingdom, and of assisting the various licensing bodies to correct one another, and with a view of obtaining information on the subject. The spirit in which those visitations were commenced had been carried out by the visitors, and certainly on the whole had been responded to by the several bodies; and the tone which had characterised both the reports of the visitors and the remarks of the licensing bodies upon them with very few exceptions had been eminently satisfactory to the Council and creditable to all concerned. This being so, the committee felt it would be wiser not to press any fresh resolutions or recommendations on the Council at the present time, but to leave these visitations to work their own quiet way, to exercise their influence by their own weight, by the weight of the good sense of the several bodies visited and by the weight of public opinion. The committee did not desire that the report should be adopted by the Council, but simply that it should be received and entered on the Minutes. They did not wish that the Council should hold itself responsible for the analysis made or the opinions expressed, but rather that they should remain on record for the consideration of the bodies who would undoubtedly use them, and for the guidance of future visitors, and perhaps for the future action of the Council. In stating that the result was on the whole satisfactory, he merely meant that the Council might rest satisfied that a sufficient test was given in the various subjects required, not that the examinations were entirely satisfactory. Every one must feel that examination and education were so associated with one another that examination could scarcely be said to be satisfactory till education was satisfactory too. For some time past examinations had been becoming, not only in their profession, but in the country, an increasing force, and the highest responsibility was cast on those who undertook the work of examiners, for they undoubtedly were the regulators and directors of education. The tendency of examinations was to extend the area too much in one direction, and not to extend it far enough in another; to require too large an amount of material to be crammed into the mind, to be extracted from it in the process of examination, and to attend too little to that which, after all, was the great work of education—viz., enabling the mind to deal with the material which it had before it.

Dr. ROLLESTON seconded the resolution.

Dr. A. SMITH said grave charges had been made against

him and Mr. Power with regard to their report of their visit to the examinations of the Royal College of Surgeons, Ireland. The whole charge rested on a garbled quotation of a sentence in a part of the report, and would never have arisen if the Council of the College of Surgeons had not misrepresented the report.

Mr. MACNAMARA claimed the right to reply on behalf of the College of Surgeons.

The PRESIDENT said it was not usual to allow replies to personal explanations.

Mr. MACNAMARA asked the President whether it was to be tolerated that any member of the Council should be permitted to throw a handful of dirt against any of the bodies represented at this board, and its representative not be permitted to reply? Whether false statements might be allowed to be made here, to go forth to the public through the pages of the press, and that the parties aggrieved should not be allowed to contradict them? Whether individuals should be aspersed, and no opportunity be afforded for their vindication?

The PRESIDENT ruled that no discussion could take place upon Dr. Smith's explanation.

Dr. QUAIN said he presumed that the same course would be adopted this year as last, when Dr. Parkes's report was received and entered on the Minutes.

The PRESIDENT said such a proceeding would not pledge the Council to any opinion with regard to the report, but would simply enable the members to have the document for convenience of reference. If the Council refused to enter the report upon the Minutes, the whole thing would drop out of existence altogether. He therefore personally hoped that it would be received as Dr. Parkes's report was last year.

Mr. MACNAMARA opposed the report being received because it contained inaccurate statements. One of those was that an examination in clinical medicine was not held by the College of Surgeons of Ireland, when in fact such an examination was always carried on there.

Dr. A. SMITH said there was no such examination, unless that in hysteria was so considered.

Sir D. CORRIGAN also objected to the report being entered upon the Minutes. Nine-tenths of the public would regard it as an adoption of the report by the Council. On the 8th February, 1870, a notice was placed on the minutes, proposed by Dr. Parkes and seconded by Dr. Storrar, that the Council would consider the question of bringing the Queen's University before the Privy Council, with a view to depriving it of its power of conferring degrees, on the ground that it had not obeyed the behests of the Medical Council. Year after year he had twitted the Council on not daring to carry out that notice, and had challenged them to do it. No action had, however, been taken in the matter, forgetting the old adage that dogs should never show their teeth unless they were able to bite. Still, the Queen's University had for years to bear the burden thus flung upon it. He did not know why the Queen's University was thus dealt with, unless it was that it was a young institution, and had to encounter the hostility of an older university. He considered that that was very bad conduct on the part of the Council; and remembering that experience, he could not consent to the insertion of anything on the books of the Council, as was now proposed. He wished to know why there had been no visitation of the London University as well as of the other bodies?

Dr. QUAIN said the London University examinations were held before the Executive Committee held their meeting to appoint visitors.

Sir D. CORRIGAN complained that the reply from the professors of Galway College, who were professors of the Queen's University, had been omitted from the report, while the reply of Trinity College, Dublin, had been inserted.

Dr. HUMPHRY said the reply of Trinity College, Dublin, was addressed to the Council as from the Dublin University, but the replies from professors only had not in any case been inserted.

Sir D. CORRIGAN characterised the report as unfair towards the Queen's University, and recommended that such an unholy production should be passed over in silence.

Dr. HUMPHRY'S motion was then carried.

Mr. TURNER moved "That the Report of the Committee on Visitations of Examinations of June 25th, 1875, and the Report of the Committee of Visitations of June 5th, 1876, be considered on the first day of session of 1877."

Mr. TEALE seconded the motion, which was agreed to.

On the motion of Dr. HUMPHRY, seconded by Dr. PITMAN, the following report of committee on the "Table of Results" was adopted:—

"The Committee appointed on May 25th to consider the table showing results of professional examinations for degrees, diplomas, and licences granted in 1875 by the bodies in Schedule A of the Medical Act, with reference to so large a number of rejections, report—that in order to arrive at any conclusions on the causes of the rejection of so large a number of candidates in the examinations, it will be necessary to obtain information and opinions from licensing bodies on the subject. The committee therefore suggest that the Executive Committee be empowered to do this, and that it should report at the next meeting of the Council. The committee recommend that information be obtained from the licensing bodies on the following points among others:—1. As to the chief causes which led to the rejection of candidates in the professional examinations for a licence to practise. 2. Whether it is desirable that any alterations should be made in the subjects of the examinations, or in the number of the subjects, or in the range of any of the subjects, and what those alterations should be. 4. As to the education of the candidates who present themselves for examination. 5. As to the subject or subjects on which rejections are most frequent, and as to the causes to which the rejections in these subjects are especially to be attributed.

Mr. TEALE said he thought that information should be obtained not only from the licensing but from the educational bodies. He believed that the reason for the large number of rejections was the very cumbrous mode of education into which they were drifting.

Dr. HUMPHRY said the Council had no power to ask information of the educational bodies as a matter of right, but the Executive Committee could, of course, extend the area of their observation, if they thought proper.

Mr. TURNER said that when the recommendations of the Council came before the universities as licensing bodies, they were naturally considered by the teaching parts of those bodies; but this was not the case with regard to the schools of medicine in London and the provinces, before whom the recommendations of the Council never came officially. He thought it was very desirable that information should be asked from the educational bodies.

Sir W. GULL said that students were overwhelmed with recommendations. The education of the medical schools was not medical education in the proper sense of the word, but a mere preparation for an examination, which was one of the most dreadful things for the pupil that could be imagined. When a man had finished his examination, he began to study his profession.

Mr. TEALE said he would move that it be an instruction to the Executive Committee to obtain information as to whether, in the opinion of the educating bodies, four years' attendance at a medical school would injuriously add to the cost of medical education, and thereby seriously reduce the number of students entering the profession. The question of the four years lay at the bottom of the matter. Nominally the Council required four years, but practically little more than two and a half years was employed. If four years was a suitable minimum, let it be so declared; but if the amount of work and time could be reduced, so that the profession might not be starved by an inadequate supply of medical men, they should be content to reduce what was desirable to what was possible.

Dr. WOOD said the matter was a very important one, but it was quite outside the functions of the committee. When next year the whole question of recommendations was taken up, Mr. Teale's motion would be in order, and would be a valuable subject for consideration.

Mr. TEALE said if that were the sense of the Council he would withdraw his proposal, being satisfied with having brought the matter forward for consideration.

PHARMACOPŒIA COMMITTEE.

Dr. SMITH moved the reception of the following report:—

"The Pharmacopœia Committee have to report that 4,020 copies of the last reprint of the Pharmacopœia have been disposed of since its publication, and that 10,754 copies of the additions have also been sold. The whole outlay and return are exhibited in the table of expenditure and receipts, together with a statement of the stock in hand. It must be gratifying to the Council to observe that 29,000 copies of the Pharmacopœia which they have published have been sold in less than ten years, and that the sale continues without diminution, proving the value of the work and the estimation in which it is held. With reference to the future, the committee think it right to direct attention to the fact that the stock of the Pharmacopœia

on hand amounts to only some 900 copies, and that as the present average sale of the work exceeds 1000 copies annually, it will be necessary to provide for a fresh issue of the work within the next twelve months. The committee, therefore, recommend that the Council should authorise the Executive Committee to take the necessary steps at the proper time for a reissue of 5000 copies of the Pharmacopœia of 1867, with the additions. The committee recommend that the Pharmacopœia Committee be reappointed."

Sir D. CORRIGAN suggested that in any future issue of the Pharmacopœia the solubility of various articles should be given in more precise terms.

Mr. MACNAMARA said some authority should be given to the committee to correct some things which were manifest errors.

Dr. WOOD was not inclined to give the committee power to change the Pharmacopœia as they liked. They might consider the subject and report to the Council if there were any circumstances which might be amended in the new edition.

The motion for the adoption of the report was agreed to, and the following gentlemen were appointed as members of the committee:—Dr. Quain, Dr. Pitman, Dr. Haldane, Dr. Smith, and Mr. Macnamara.

Professor ROLLESTON proposed—"That the committee be entrusted with the preparing any such corrections as may be fairly considered as editorial corrections; and that, with the concurrence of the Executive Committee, they be empowered to make such further corrections as may seem to them to be urgently desired."

Mr. TURNER seconded the resolution, which was agreed to.

RESIGNATION OF THE REGISTRAR.

Dr. STOKES said the resolution he had to propose involved a grateful though painful duty, and as such he believed it would be frankly accepted by every member of the Council. It was—"That the General Medical Council, whilst accepting Dr. Hawkins' resignation of the Registrarship, desire to express their deep sense of the courtesy and ability with which he has for eighteen years discharged his duties to the Council. The Council beg Dr. Hawkins to accept this resolution as a sincere acknowledgment of the great value of his services."

Sir WM. GULL seconded the resolution, which was carried by acclamation.

Dr. HAWKINS said he was entirely taken by surprise. He thought he had had kindness and more than enough already. He thanked the Council, and should ever remain grateful (applause).

VACCINATION.

Dr. STORRAR said in the course of the current year a letter came under the notice of the Executive Committee and of the Branch Council for England from a Mr. Gidley Moore, a medical practitioner in London, who complained that, although he had received a qualification from the College of Physicians and the College of Surgeons, he had been objected to as a candidate for a parochial appointment because he had not received proper instruction in vaccination. Mr. Moore complained to the College of Physicians, and his complaint was forwarded to the President of the Medical Council, who entered into communication with the President of the Local Government Board. Without going at all into detail, it was enough to state that somehow or other all the medical examining bodies in England, with the exception of one, had entirely overlooked the two resolutions come to by the Medical Council in the year 1858, viz:—"1. That a certificate should be required by each licensing body from every candidate for its degree, diploma, or licence to practise medicine or surgery, that he has studied vaccination under a competent and recognised teacher; that he has himself performed the operation successfully under the teacher's inspection; that he is familiar with the different stages of the vaccine vesicle, and with the method of preserving lymph, and is thoroughly informed in every necessary part of the subject. 2. That such a certificate should only be received by any licensing body from recognised vaccine departments in medical schools or hospitals, or other public institutions where the appointed teacher of vaccination is not liable to frequent change, and where ample means for study are provided by not less than such a number of cases (perhaps eight or ten on an average weekly) as may be found, after due inquiry in the first instance, confirmed by authentic returns, or inspections from time to time, to be sufficient for this purpose at each place." He believed the College of Physicians had now taken steps to put itself in conformity with those recommendations, and the only course he thought advisable to take was to refresh the memories of the licensing bodies on this subject. He moved—"That the attention of the General Medical Council having been drawn to the subject of Certificates of Proficiency in Vaccination, and particularly to the correspondence between the President of the Council and the President of the Local Government Board on the case of Mr. J. Gidley Moore, of Ongar (*see* Minutes Exec. Com., 27th March, 1876) by which it appears that the recommendations of the Council as regards certificates of proficiency in vaccination have not been complied with by all the licensing bodies, and that registered practitioners are liable to disabilities in consequence of such non-compliance. The Council invite the special attention of all the licensing bodies to these recommendations, and request that such as have not yet put their regulations in accordance with them will lose no time in doing so."

Dr. PITMAN seconded the motion. He said it was not quite accurate to say that the College of Physicians had "overlooked" the recommendations of the Council, for it was in consequence of the recommendations of the Council that the College issued a new certificate of vaccination which they supposed was in strict accordance therewith. The error arose upon the construction of the word "recognised," and it was thought that by recognising such teachers as were appointed at the several hospitals and public schools, they would be carrying out the recommendations of the Council. Results had shown that this was not the case, and that it must be some one who was an appointed teacher by the Local Government Board, which difficulty would not arise in future, because, as the Secretary of the Local Government Board said, "The Board direct me to add that since the receipt of your letter they have been in informal communication with the Royal College of Physicians, and that they learn that the authorities of the College are about to propose to the College such a modification of their present practice respecting the evidence of proficiency in vaccination to be required of candidates for their licence as will give full effect to the recommendation of the Medical Council, and satisfy the requirements of the Local Government Board."

The resolution was agreed to.

On the motion of Dr. STORRAR it was resolved to send a copy of the resolution to the licensing bodies.

UNQUALIFIED PRACTITIONERS.

The following communication from members of the Council of the Medical Defence Association was read:—

"12, Colebrooke-row, May 29th, 1876.

"Sir,—I am requested by the members of the Council of the Medical Defence Association to forward the memorial sent herewith, and to say they trust you will be pleased to bring the same before the notice of the General Medical Council during the present session.—I have the honour to be, Sir, your obedient servant,

(Signed) "GEORGE BROWN,
"Hon. Sec. Medical Defence Association.

"To H. W. Acland, Esq., M.D., F.R.S.,
"President of the General Medical Council.

"*To the President and Members of the General Council of Medical Registration and Education.*

"We, the undersigned, on behalf of the Council and Members of the Medical Defence Association, all of whom are registered medical practitioners, desire to urge upon your notice the pressing necessity for an immediate alteration in the Medical Acts, in order to check more effectually the practice of medicine and surgery by ignorant and unqualified persons. At present no means exists which can be made use of to prevent the assumption of medical titles by unqualified persons. The Medical Act of 1858, from which the public and the profession expected so much, is practically inoperative in this respect. It is found that in order to secure conviction under the 40th Section thereof, the prosecution must prove 'that the person complained of 'wilfully and falsely pretended' to be *registered* under the Act. Many unqualified practitioners, especially those who hold foreign and 'bogus' diplomas, evade this section by stating in their public announcements that they are 'unregistered.' Others state that they were unaware they were infringing the Act, and escape on this plea. Others again open a shop or surgery, designating it a 'Medical Hall' or 'Provident Dispensary.' The proprietors of these places do not announce their names, or personally assume any medical title, so that it is found impossible to obtain their conviction under the present Act. The Council of the Medical Defence Association, having gained much experience in the working of the Act, respectfully suggests that a short Bill should be introduced into Parliament, to amend the

Medical Act of 1858, by substituting for the 40th Section thereof the following: 'Any person whose name is not on the *Medical Register* who shall take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Master of Surgery, Bachelor of Surgery, Surgeon, General Practitioner or Apothecary, or any name, title, or addition implying that he is qualified to practise Medicine or Surgery, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.' The Council of the Medical Defence Association earnestly beg your powerful support in effecting the amendment above suggested, or such modification of it as may seem to you calculated to carry out the object set forth in this Memorial.

"Signed on behalf of the Medical Defence Association,

"BENJ. WARD RICHARDSON, M.D., F.R.S., *President.*
"ALFRED MEADOWS, M.D., F.R.C.P., *Vice-President.*
"W. SPENCER WATSON, F.R.C.S., M.B., *Treasurer.*
"GEORGE BROWN, M.R.C.S., *Hon. Secretary.*
"May 29th, 1876."

The Council resolved to acknowledge the memorial, and to inform the memorialists that at any time when the Council might have under consideration the question of a general amendment of the Medical Act, the subject to which the memorial referred should have careful consideration.

Dr. PITMAN read a communication from the Royal College of Physicians of London, stating that they had lately resolved that three months' clinical attendance at an asylum for insane persons might be accepted in lieu of three months' clinical attendance at a general hospital. They had also made the change with respect to the requirement in vaccination before referred to.

On the motion of Dr. WOOD, seconded by Mr. TEALE, the report of the Recommendations Committee was received and entered on the Minutes, but its consideration was deferred till next session.

Dr. SMITH moved, "That the cordial thanks of this Council are eminently due, and are hereby tendered to Dr. Andrew Wood, for his services as Chairman of the Business Committee during the present session of the Council."

Sir DOMINIC CORRIGAN seconded the resolution, which was carried by acclamation.

The thanks of the Council were also given to the treasurer, Dr. Quain, and to the chairmen of the various committees.

On the motion of Sir WILLIAM GULL, a cordial vote of thanks was given by acclamation to Dr. Acland for his efficient services as President of the Medical Council.

This concluded the business.

THE WATER-SUPPLY OF HASTINGS.

DR. FRANKLAND'S report on the water of Hastings has, we hear, been presented to the Town Council. We trust it will be made public at once, and shall rejoice if it affords any satisfactory answer to the charges which we have recently been compelled to make. It must be remembered that any delay in its publication will have a most injurious effect, as indicating that the authorities are afraid to allow it to appear. If entirely favourable, its circulation will quiet the present agitation; and even if to some extent unfavourable, its suppression can only increase the public fears, and may end by causing a panic. We confess we do not see how the report can be wholly favourable if the facts of the case have been fairly laid before Dr. Frankland and the samples of water submitted to him fairly chosen. Dr. Frankland's views on the subject of water-pollution are well known. In deciding on the character of a town water-supply, he invariably takes account not only of the present condition of the water as found by analysis, but also of the chances of pollution and the risk of variation in quality, and for years has taught the sound doctrine that drinking-water should be above suspicion.

We feel convinced that the people of Hastings do justice to our own conduct in this important matter. It is obvious that we have, and can have, not the slightest personal motive for injuring the town. We write solely in the interests of public health, and to treat our remarks as malevolent, or even in any sense *ex parte*, as some of the local journals have been doing, is simply to fall into absurdity. It is matter for regret that the local press—or, rather, a portion of it—seems to persist in regarding us as enemies to the town. "The medicals are at their dirty work again," cries the sagacious critic of the *St. Leonard's and Hastings Gazette*, who proceeds with somewhat unnecessary warmth to demolish our statements by a process of reasoning which he seems to regard as conclusive. He is sixty years of age, it appears, and for forty-three of those years has drunk Hastings water. He is still alive, works hard, and enjoys good health, and so, of course, the water must be good. The value of the argument is, however, somewhat impaired by the further statement that, in the writer's opinion, a daily allowance of five gallons of water per head is all that is required for domestic purposes! Under the circumstances, the allusion to "dirty work" was, perhaps, scarcely wise. Other papers talk of the "shrieking" of the medical press, speculate, not very accurately, on the age of our commissioner, regret that our report should have been reprinted in the local journals, and even suggest an action for libel against us. On the other hand, the *Hastings and St. Leonard's Independent* writes in a very different spirit, and discusses the subject with sense and moderation, and with evident knowledge of sanitary principles.

DENTAL ANÆSTHETICS AND HEART DISEASE.

To the Editor of THE LANCET.

SIR,—I think the explanation of the action of laughing gas, lately put forth by Dr. George Johnson, ought not to be accepted without further consideration.

In effect he says: 1st. That the fuller and tense pulse, noticed at the commencement of inhaling it, is produced by contraction of the systemic arterioles, and not by the heart being stimulated to unusual contraction. 2nd. That the cause of the reduction and final cessation of the radial pulse, at a later period, is the want of blood being supplied to the left heart resulting from contraction of the pulmonary arterioles. 3rd. That from the same contraction the right heart, being unable to drive the blood onward, is liable to be stretched or over-distended, and to lose its contractile power like an over-distended bladder.

These hypotheses are unsatisfactory to me.

1st. Because I have put to sleep more than eleven thousand persons with laughing gas without meeting with any case showing signs or symptoms of the heart being dilated by the process; and, although I have not refused to give gas to anyone able to walk upstairs without distress in breathing, I have not had a fatal case. Moreover, I don't know that any death has occurred from laughing gas in England, unless the Exeter case be claimed for one.

2nd. If the increased fulness of the pulse is produced by contraction of the systemic arterioles, how is it that we do not see any paleness of the skin produced at the same time? What is observed is a gradual deepening of colour, without any temporary pallidity.

3rd. Respecting the contraction of the pulmonary arterioles, the fact that the pulse keeps up long after the blood has become dark, and after consciousness has been abolished, and, usually, even after the breathing becomes intermittent, seems to show that there can, at this stage, be little difficulty in the passage of blood through the lungs. When at length the pulse becomes small and ceases, we need suppose no more, in order to account for it, than that for want of oxygen in the blood the heart's function ceases, as that of the brain had previously done. It may be that the right heart becomes ineffective before the left; it may be, too, that there is some obstruction in the lungs. In the latter case, however, there would be no risk of distension of the right heart, for by this time its contractile power has almost gone. Even if the blood flows back through imperfect valves into the right ventricle, it cannot flow back with greater force than that which sent it forward.

Yours faithfully,

Cavendish-place, May 30th, 1876. J. T. CLOVER.

THE LANCET.

LONDON: SATURDAY, JUNE 10, 1876.

OUTSIDERS, if asked what in their opinion was the most important business of the General Medical Council, would say, without much variation, that the promotion of a better system of medical education, and of the unification of licensing boards in the different divisions of the kingdom, were conspicuously the two prime objects on which the Council should spend the strength of the early days of its session; and they would unanimously share the hope of DR. ANDREW WOOD, expressed in the last hour of the session of this year, that when another meeting comes round, they may be able to "go on with their own proper work, and not devote themselves to Parliamentary Bills." We have only to name the subjects that were brought before the Council on the last two days of the session to see how dangerous is the system that gives precedence to the work of criticising Bills before Parliament. These subjects were the Report of the Committee on Visitations; the answers of the Licensing Bodies to the criticisms of Visitors; the defective preliminary education of candidates at the commencement of their professional studies; the disastrous results to candidates of the professional examinations, as at the College of Surgeons of England, where 256 were rejected at the first examination last year and 511 passed; at the joint examination of the College of Physicians and College of Surgeons of Edinburgh, where 45 were rejected and 50 passed; of the College of Physicians of Edinburgh and the Faculty of Glasgow, where 34 were rejected and 35 passed; at the College of Surgeons of Ireland, where 62 were rejected and 119 passed; at the Queen's University, where 60 were rejected and 77 passed. These subjects touch the very objects for the attainment of which the Council exists. As SIR WILLIAM GULL said, the very purpose for which he and his colleagues come together year by year is to raise to the highest character, consistently with the public interests, the minimum education of the country. No truer words were spoken in the course of the sitting than some other words of SIR WILLIAM'S—viz., that the student now is so harassed with regulations, and with examinations of this body and the other body, that he is concerned, not with learning his profession, but with getting through his examinations. When he has got through his examination—which, by the way, is too often only after a period of discouraging and humiliating rejection—he begins to study his profession, and has to practise for the first few years in painful consciousness of the many things that he has not learnt as a student. Such were the kind of subjects that by an unfortunate arrangement of business were left to the last. Of course they could not be entertained. All that was possible was to promise that they should have precedence another year. But, as DR. STORRAR suggested, another year will bring its own set of Parliamentary Bills, and its own temptations to evade and postpone these difficult but fundamental questions on the right solution of which the reputation of the Council and of the profession itself depends.

We said last week that a disheartening discussion was going on on the subject of conjoint schemes. The result was more satisfactory than could have been anticipated, though it was easy to perceive in the words of many of the speakers indications that they were not sanguine of seeing, even in England, a true and thorough Conjoint Board—that is, a conjunction of all bodies, universities and corporations—to constitute one sole licensing board, individual bodies withholding their qualifications from all who have not passed this board. Fifteen of the Council, however, not including one Scotch member, voted loyally for SIR WILLIAM GULL'S motion expressing regret that no scheme for a Conjoint Board for England, Ireland, or Scotland, has yet been put in operation, and urgently pressing the matter upon the bodies.

Few things would give students more sensible relief than a unification of the examining bodies, or leave them more inexcusable for not doing better at their examinations. The Scotch members of the Council boast of having established a conjoint examination at which a large and increasing proportion of rejections takes place. But it is a conjunction of corporations only. This is immensely better than no conjunction, though it lacks the support and strength which the presence of universities gives. A strong point was made by Professor HUMPHRY, in arguing for conjunction of bodies, when he showed the inequality of the proportions of rejections of different examining bodies, as the College of Surgeons of England and the Apothecaries' Hall. While the former body at its first examination for the membership rejected about half as many as it passed, the latter rejected only a sixth part. At the second examination the College rejected 129, and passed 369, while at the Hall only 9 were rejected, and 226 passed. Mr. BRADFORD'S explanation of the small number of rejections at the Hall was ready and ingenious, but scarcely satisfactory. He justified the small number of rejections by saying that the Army Board is rejecting scarcely any candidates. But the cases are not parallel. Men presenting themselves for army appointments prepare specially for its examination. The fact to be explained is that at the examination of the Hall fewer candidates are rejected than at any examination with which it can be properly compared. Either other examinations are too exacting or this is not exacting enough. One other new argument in favour of conjoint boards was well put in the recent debate—viz., the difficulty, in various respects, of supervising satisfactorily nineteen examinations. There is a growing conviction in the Council and out of it that if the bodies do not voluntarily agree to combine they will one day be compelled to do so.

IN answer to questions put by Mr. WADDY in the House of Commons on the 1st instant, important information was given by the President of the Local Government Board, and the Vice-President of the Committee of Council on Education, as to the arrangements made in consequence of Mr. JOHN SIMON'S retirement. It would appear that Dr. EDWARD CATOR SHATON succeeds Mr. SIMON, as medical officer of the

Local Government Board, but that the Privy Council does not contemplate appointing a medical officer, and that it proposes to refer questions coming before it, which may need a medical reference, to the Medical Department of the Local Government Board. The double appointment held by Mr. SIMON will no longer be continued, and the Medical Department of the Local Government Board will become apparently the medical department for all Government purposes in which medicine has relation to the civil administration of the State. Other changes in the medical department, following upon the retirement of Mr. SIMON, betoken that the relationship between the medical department and other sub-departments of the Board will become closer than it has hitherto been, to the diminution no doubt of friction in departmental work, whatever result the change may have on the influence exercised by the medical department upon the public health administration of the Board. Mr. SIMON held office under special circumstances, and during his incumbency under the Local Government Board the working arrangements of his department, as transferred from the Privy Council Office, were left undisturbed. Among these arrangements was a legal assistant, a post filled by Mr. J. F. ROTTON. Mr. ROTTON is now made an assistant secretary of the Board, as also Mr. HUGH OWEN, Jun., long connected with the Poor-law Board. These gentlemen have both the reputation of great abilities. The vacancy caused by Mr. FLEMING'S death is not to be filled up, the two assistant-secretaryships being created, and Mr. LAMBERT will remain the sole permanent Secretary of the Board. It is surmised that these different changes indicate the formation of a proper sanitary sub-department of the Board, as distinct from the Poor-law Department.

The appointment of Dr. SEATON to succeed Mr. SIMON suggests that the strictly medical work of his department will be carried on as hitherto. But it is not easy to understand what are the subjects which may be referred to this department from the Privy Council Office, and more precise knowledge on this matter is desirable. Mr. SIMON, after the transference of public-health duties from the Privy Council Office to the Local Government Board, continued to advise the former body on questions relating to quarantine and the administration of the Medical Act. The exercise of Mr. SIMON'S duties in regard to the Medical Act has always been regarded by the Medical Council and medical corporations with great jealousy, but the peculiar and special position held by Mr. SIMON in the service of the State gave him a just title to advise the Government on such matters relating to the medical profession as might be referred to him. Does the Privy Council propose to consult Dr. SEATON on these matters? Then, again, there is the question of the grant for scientific purposes which was administered by Mr. SIMON: what is to be done with regard to it? It would be a disgrace to the Government if this comparatively petty grant were withdrawn. It is not easy to understand how the Privy Council will be able to do the work it has to do with reference to the medical profession without a medical referee, but it is equally difficult to understand, Mr. SIMON having been looked upon with jealousy by the medical corporations, how Dr. SEATON could act with advantage as the referee. Judging from recent proceedings of the Medical Council, it would seem as if that body held that its President should act as a kind of unattached referee to the Government in matters relating to medical polity. The President appears to maintain a very intimate relationship and to be in frequent communication with the heads of Government departments, as well during the intervals of the Council sessions as during the meetings. This is with the approval of the Council, but this relationship seems to partake quite as much of an irregular as a formal character, and it may be questioned whether it at all times is consistent with the dignity of the Council, to say nothing of the profession.

Dr. SEATON, who succeeds Mr. SIMON, has, we believe, been a coadjutor of Mr. SIMON'S in the medical work of the Government since 1859. His work has been chiefly directed to the superintendence of public vaccination, a work which he has carried out with eminent success; but he has also done much general public health work. He has the reputation of an excellent administrator, and his large official experience was shown to great advantage during the International Sanitary Conference of 1874, at Vienna, where he was one of the British representatives. Apart from official reports, Dr. SEATON has not written much. In 1868 he published a "Handbook of Vaccination," which is probably the best work on the subject which exists in any language. Dr. SEATON'S promotion, under existing circumstances of public health administration by the Local Government Board, is certainly quite as much a matter for sympathy as for congratulation.

THE General Medical Council may, we think, be congratulated on their memorial in connexion with Lord CARNARVON'S Bill. The memorial is founded on the able Report of the Committee as amended in Council, and it is judicial in tone as well as clear and forcible in reasoning. The Report of the Parliamentary Bills' Committee of the British Medical Association follows also very closely the same line of reasoning as that adopted in the Report of the Medical Council, and it appears to us that, together, these documents contain a number of suggestions which thoroughly deserve the careful consideration of Government. We have never sought to divest ourselves of a sense of responsibility in regard to the practice of vivisection, and have always discussed the statements and arguments of its opponents, so far as we believed these to have been sincere, even if exaggerated, with studious moderation; but it was impossible to shut our eyes to the fact that Lord CARNARVON'S Bill was in excess of the requirements of the case. If not modified, it will place scientific men in an anomalous if not derogatory position; it will retard the progress of humanity and science, and probably even defeat the objects the Government has in view. The very title of the Bill is in itself a reflection and aspersion on a class of persons whose character and objects are essentially humane; and should the measure be strictly and logically carried out in its present form, researches for the prevention and treatment of the diseases of the lower animals themselves may be prohibited. The General Medical Council, being charged by law with the duty of superintending medical education, consider that they cannot be indifferent to any legislation affecting physiological teaching and research, and they regard animal experimentation as indispensable to the

advancement of physiological and medical knowledge. We have always contended that the statements made in regard to its practice in this country were enormously exaggerated, and we are glad to find the Council stating, in regard to these experiments, that they are not aware that "such abuses have existed in the British Islands as to justify exceptional legislation restrictive of physiological study and research."

Assuming, however, that legislation is about to be undertaken, the Council trust that, while giving all reasonable security against any possible abuse, it "shall be such as not to interfere with the progress of knowledge;" and with this end in view suggestions are made to the Government for the amendment of the Bill in question. That the word "animal" is nowhere defined in the Bill; that the limitation of the performance of experiments in sub-clause 1, Clause 3, is directly at variance with the opinion of the Royal Commissioners, as expressed in their Report, and that the limitation of all experiments to registered places, as proposed in sub-clause 2 of the first division of Clause 3, would not only tend most seriously to obstruct genuine scientific inquiry, but prove impossible in practice, are pointed out; and the necessary amendments in the wording of the Bill are suggested, by which these grave consequences would, in our opinion, be averted, without at all compromising the spirit of the Bill. The Council evidently consider that the framers of the measure are in advance of what is known in prohibiting the use of urari as an anæsthetic, and they therefore indicate that the exemption of dogs and cats from experiments of every kind would withdraw from investigation carnivorous animals of great value for the purposes of research; indeed, it seems to us that the course of law and justice might be seriously hampered if we were prohibited from utilising these animals in some medico-legal cases. The provisions of Clause 9 appear to the Council beyond the necessities of the case, and such as might be made vexatious and oppressive, and they suggest modifications accordingly. It will be seen that other amendments are also suggested, some of which we regard as of an important character—as, for example, that the inspectors under the Act should be scientifically competent to appreciate the nature and intention of such experiments as they may witness; that the frequent application for a certificate from persons in the higher rank of science, engaged in special research, should be modified, as it would seriously interfere with their labours; and they think that any licensed person who may feel himself aggrieved by the judgment of a court of summary jurisdiction should have the option of appealing to a superior court, instead of the Court of Quarter Session. Without adverting to the cruelties that are practised under the name of sport, those persons who have so loudly and strenuously advocated legislative interference in regard to animal experimentation have not been consistent with their own principles; they have persistently shut their eyes to the fact, that if this Bill were a measure properly described as "for the prevention of cruelty to animals," it should, of necessity, include in its scope that large class of agricultural and even domestic operations by which farm labourers, farriers, and others inflict upon living animals sufferings which in all probability daily exceed in amount all that physiologists are called upon to inflict on animals in the course of many years. We are not, and never have been, opposed to all reasonable restriction being imposed upon animal experimentation; but we hold that many of the provisions in the Bill, as it stands at present, are unreasonable, and likely to bring about mischievous and vexatious results, and we therefore hope to see, as we believe we shall see, it modified before it comes into operation as the law of the land.

Annotations.

"Ne quid nimis."

THE DEATH OF THE EX-SULTAN.

IT is stated that the official account of the death of Abdul Aziz, the Ex-Sultan of Turkey, has been received with general incredulity. This is scarcely astonishing. It is impossible to deny that a determined suicide, or a maniac—as Abdul Aziz is *now* represented to have been—might inflict such wounds on his extremities as should cause death by hæmorrhage, but the success of such an operation is extremely improbable; so unlikely, in fact, that the world may be excused for hesitating to adopt the explanation offered in this case—as eminently unsatisfactory. We have no special claim, as a professional organ, to offer our opinion as to general considerations which seem to make the hypothesis propounded almost untenable. Suicide may be opposed to the probabilities arising out of the obligations of religion. The character sustained, until within the last few days, by Abdul Aziz, as the visible leader of the Mohammedan faith, would undoubtedly have rendered death by his own hand a heinous offence in his estimation; and, if it be true that he was the victim of delusions, looking to the recent acts of his life, and more especially the final effort he made to protect himself and his crown from the suspected treason of Murad, the consciousness of his high dignity must have been exaggerated rather than so diminished as to permit him to lay violent hands on himself. Then, again, the Ex-Sultan was of a singularly inert temperament. Those who saw something of him when in England are not likely to be the first to accept the story of his self-slaughter by the method alleged. He might, it will be contended, have taken poison if he could have procured it, but scarcely stabbed himself in the *arms* with a pair of scissors! Setting these and many other considerations aside, it is difficult, we repeat, to conceive that suicide, by an act of this nature, is probable. We hear nothing of any measures being taken to secure a free flow of blood from the opened veins, such as were familiar to the old-fashioned phlebotomists. There might even appear to be a sinister intention in the statement that an ex-sultan, dying by his own design, selected as an instrument an implement so exclusively the tool, or possibly the weapon, of a woman. The sudden death, the strange story told in explanation, and the hasty interment, combine to make the whole affair a mystery. This is the impression produced by the story, and such are the inferences derived from the general facts and circumstances of the case. We are, however, confronted by a document signed by nineteen physicians of various nationalities describing the appearances, and attesting that in their judgment the case was one of suicide. Probably the meagre and halting character of this second "official" statement may be explained by the circumstance that it was drawn up and signed under a heavy pressure of responsibility, and with a foregone conclusion and set purpose in view. Nevertheless the obvious effort of the composition is so painful as to render the act of submission to its authority an intellectual per-

formance of some difficulty. At least, such we fancy will be the feeling in England, however tamely the story of suicide may be accepted in Turkey. A body was found on a mattress on the floor so *far prepared* for inspection that it was covered with a sheet. It was also "covered with coagulated blood," so that the presumption would be that the body had not been cleansed in any way, doubtless in order that the medical men might be able to form a just and conclusive opinion. Then why was the body moved from the position in which it was found? The surroundings undisturbed would have thrown much light on the case. It would have been incomparably more satisfactory to have found the scissors where they were dropped by the suicide, and the accessories *in situ*. At present all we have to guide the judgment is the spectacle of a "cold and bloodless" body, "pallid, and covered with coagulated blood." No rigor mortis was noticed. Of course there would be none if death occurred from hæmorrhage. Whether the wound was inflicted by the hand of the victim, or by that of some other person, this feature of the case would be unaffected. There were "limpid streaks of blood upon the arms and legs," but the nature of these marks, their situation and direction—all important to the question at issue, as tending to show the position of the body when the "limpid streaks" were deposited—are not described. The left arm, a little below the bend, showed a wound about five centimetres in length. The edges "were slashed and irregular; the direction of the wound was from above downwards." These last points are important. Slashing with a pair of scissors, one blade only of which could be used, because the other was protected by "a small lateral knob at the extremity," would necessarily be irregular. The wound, too, would be from above downwards if inflicted by a suicide. It is also perhaps worth while to note, in passing, that it would probably present precisely the same characteristics if it was inflicted by a second person coming behind and leaning over the victim. The veins were cut from within, a circumstance equally susceptible of a double interpretation. "The cubital artery, close to the point of emergence, was open for three-quarters of its diameter." The artery being laid open, instead of being divided, the flow of blood is likely to have been free, and the death more rapid than under other conditions; but the blood would probably be projected in a stream, and should have been found in a pool at some small distance probably from the body. A less considerable wound, more superficial and oblique, was found in the right arm. This probably is the most significant indication yet offered of the manner in which the deed was done. Supposing the wound to have been inflicted with the right hand of the victim, he must have used his left hand, the arm being already severely wounded, to inflict the laceration on the right arm. This more than sufficiently accounts for the wound in the right arm being slight and only penetrating the veins. It is strange such a man should have been able to use an arm so wounded, with the artery laid open and bleeding, even to the extent alleged. It is still more difficult to imagine that the right arm was wounded *first*, and then used to inflict the deep slash in the left. We are told that the wound on the left arm, which only penetrated the veins, was oblique, but, curiously, it is not stated in what direction, although this point must have been deemed vital to the case. The nineteen physicians were allowed to inspect "a pair of scissors ten centimetres in length, very sharp, and of which one of the blades had a small lateral knob near the extremity," and told "that with this instrument the death was caused." They arrived at the conclusion that this instrument might have been used to produce the wounds found on the body, and, moreover, that the fact of its being used would imply suicide. The inference is derived from the *possibility*. The direction of the wounds also helped the jury of experts to the conclusion that the death of the Ex-Sultan Abdul Aziz was the work of his own hands. We can only regret that the incidental circumstances of the case were not more fully detailed by the physicians to whom they were submitted. We fear there may still be doubters, and, besides, not a few unprejudiced persons who would like to know more.

THE PROFESSION AND MURDER.

The Times remarks that the medical student named Vance who is now undergoing richly merited but inadequate punishment for an offence of the greatest gravity, "though without a legal qualification, appears to have had considerable practice as an assistant, some professional knowledge, and ample opportunities of using both his knowledge and his practice for mischievous purposes." This is a most unfortunate fact, and the statement ought to draw attention to the indefensible custom of employing unqualified assistants. We should be glad, in the interests of public safety not less than of the profession, to see the mere fact of *prescribing* or *compounding* medicine without a licence, either medical or pharmaceutical, made a misdemeanour. Nevertheless, we are not prepared to argue from this deplorable and dastardly case that "there is a strong temptation—often, no doubt, presented in a practical form—to which medical practitioners are peculiarly exposed." There *are* overtures which occasionally may be made to medical practitioners of low class, or having dealings with certain sections of society, which need not be more specifically designated, that assume a practical form, and to a depraved mind, wholly devoid of principle, possibly prove "a strong temptation"; but they do not take the shape of a proposal to murder, though it should be clearly understood that murder is an easy contingency. We hope and believe the number of persons who would act as this Vance has acted is small. We are also glad to reflect that he was *not* a member of the medical profession, and, of course, no licensing body would admit him after what has occurred. Meanwhile we hold the lay press responsible for making a mountain out of what was, in fact, a very contemptible mole-hill.

The knowledge of the man who volunteered to instruct the woman Snee how to put herself, or some other person, to death in a manner which might look like misadventure, was, in fact, the essence of ignorance. By treating the counsel given to a pretended self-murderer as valid, though vicious, the lay journals have unwittingly laid a trap for those who may be so evilly disposed as to be taken in the snare. We have no hesitation in saying that the nefarious schemings of Vance would not effect the base purpose he had in view. The dupe who might be induced to put them in practice could hardly fail to suffer for his credulity. A little knowledge is dangerous, not less to its possessors, or those who credit their counsels, than to the object against whom it may be malevolently directed.

The crime itself was one of very great enormity, and the absence of motive, so far from reducing, may be said to have increased its heinousness fourfold. We cannot but regard the issue as a complete miscarriage of justice. Without doubt Vance meant what he said, and believed he was giving sound practical advice. This unprincipled young man taxed his little mind, and drew on his pitiful stock of information for the means to direct a case of murder. If he did not at once perceive that the questions asked were more likely to apply to murder than suicide, his intelligence must have been on a par with his medical information, but his offence remains the same.

The first point that strikes the reader of this curious case, after his wonderment at the ignorance (even of English) and

the audacity of the letters written by Vance, is the probability, on the face of Snee's proposal, and emphasized by her repeated queries and suggestions, that the crime she contemplated, or pretended to contemplate—we offer no opinion on that topic,—was to be perpetrated in the future, and preferably by slow poisoning rather than sudden death. The question about alcohol is significant, and we think it most inexplicably avoided or overlooked. To "assail the vital principle of life in the nervous system" is scarcely a project consistent with suicide, more particularly when it was an object to spare the feelings of survivors and not to invalidate a will! To this the young man replied to the effect that "alcohol kills like chloral—both are narcotics." There is a great omission in the police management of the case as to the letters received by Snee in answer to her advertisement. Were there other correspondents besides Vance? This will probably now never be ascertained.

One word, in passing, about the sale of drugs. It would be desirable if druggists selling large quantities of poison at "medical trade prices," would register the name of the purchaser, so that, first, the vendor should know that the buyer was actually entitled to obtain dangerous drugs in bulk; and, secondly, that the assistant who sells a large quantity of a poison, even "wholesale," may be able "to say who the man was that bought it."

The case went off on purely technical lines strangely divergent and wide of justice. The state of the law is most unsatisfactory. We think the summing-up of Mr. Justice Mellor failed at the points on which a purely legal review of a medical case might be expected to fail. The judge appeared to have mistook the position of Vance, and set a false value on his attainments. Medically considered, the letters of this person afford neither evidence of "promise" nor token of skill. Again, the notion of one man instructing another how to commit suicide, taking "security for the *bona fides* of that person," is so absurd that the judge must surely have been misreported. There is said to be honour between thieves, and possibly there may be prudence between persons engaged in a preliminary discussion—we will not say conspiracy—about murder; but, with all respect, we must point out that it is not for a judge to complain that a man acting as Vance acted erred *because* "he took no security for the *bona fides* of the person" Snee. What *bona fides* could there been the part of a person applying for advice as to the best mode of committing suicide? The case was badly managed throughout, and of singular enormity in every aspect of its character. We are heartily glad it has come to an end, although, as we have already stated, Justice was attended with more than conventional blindness.

ADMISSION OF WOMEN TO DEGREES AND THE UNIVERSITY OF LONDON.

DR. ROBERT BARNES, whose nomination as a member of the Senate has been numerously signed, in reply to the question whether he was prepared to support the admission of women to the degrees of the University of London, has given the following answer:—"The large support accorded to my candidature as senator of the University of London is, I presume, based upon the favourable opinion my brother graduates have formed of my fitness for the office on the broad ground of general qualification, as shown by earnest and successful work in and out of the University. This is the principle upon which I myself have always voted, taking little heed of a candidate's view of a particular question. We shall probably agree that the University has not yet attained such fulness of development, or that its work is so far accomplished, that nothing is left to do but to consider special questions, and that, therefore, a senator's opinion and action upon a single question are to determine his fitness for office. The views I at present hold are as follows:—Our degrees are of two kinds: those in arts and sciences, which afford evidence of general culture; and those in medicine and law, which afford evidence of fitness for professional practice. Even if the degrees of the first kind be also regarded as affording evidence of fitness for the profession of teaching, there would still exist this wide difference between them and those of the second kind—namely, that teaching would be practised amongst young persons, and under conditions that would shield the teachers from those difficult and ambiguous positions in which women must necessarily be placed in the practice of the ministry, law, or medicine. My present conclusion is that women have a just claim to be admitted to degrees in arts, but that even if it were granted that they had an equal claim to admission to degrees in law and medicine, it is not to their interest or to that of the public; that it is not expedient nor practicable to admit them to these degrees."

THE RECENT SESSION OF THE COUNCIL.

THE recent meeting may be known in the future as the "Long Parliament." The Council sat eleven days. In the four preceding years it sat respectively nine days, nine days, nine days, and five days. Two or three circumstances tended to make the session long. For one thing, a new system of getting through business is being tried, that of referring almost every subject to a committee, which has to formulate a report. This is brought up and discussed, paragraph by paragraph, in the Council sitting as a committee. Thereafter it is probably again committed, and perhaps again discussed by the Council in committee. The Council, as such, has not the power to alter it, but must refer it back to the original committee for alteration if necessary. We are not satisfied that the Council has yet reached the secret of despatching business. Then it must be remembered that the Council is the only medical body in official and organic relation with the Government. We have just been told by Lord Sandon that the Privy Council does not mean to appoint another medical officer in place of Mr. Simon. This is a sore blow to those who had hoped that medicine was going to receive a recognition at the hands of the State somewhat proportionate to the great national services which it has rendered during recent years. We can only look to a further development of the power and influence of the Medical Council, either by further legislation or by a liberal construction of the Act of 1858. Finally, the Council, in fact, is becoming more and more representative of medicine in its largest and highest sense. To go no further back than this year, it will be seen how materially the new Crown members have modified the work done, and perhaps we must add, the work not done, by the Council.

THE PLAGUE.

IN the third year of an outbreak of a disease so well characterised as plague, it is not a little astonishing to have the question raised whether the disease which has been thus named is not, in fact, common marsh fever. Messrs. Gray, Dawes, and Co., of Austin-friars, write to *The Times* of the 7th inst., giving "absolute denial" to the statement that plague exists in Bagdad, treating as of no moment the medical evidence of the nature of the malady which broke out on the Lower Euphrates in 1873, spread with great mortality throughout the Affij district in 1874, occupied the district immediately south of this inhabited by the Montefik Arabs in 1875, and which, this year appearing in the district north of the Affij district, has attacked seriously, among other places, Hillah and Bagdad. When plague broke out

in the Hendieh marshes on the west bank of the Euphrates, near to Hillah, in 1867, it was for some little time doubted whether the malady was not a malarial fever, but the doubt vanished when it became possible to subject the disease to competent observation. So also, when the disease appeared on the east bank of the Euphrates in 1873, the probability that the disease might be marsh fever, with bubonic complication, was not lost sight of; but observation again showed that such was not the case, and that, as in 1867 on the opposite bank of the river, the disease which had appeared, and which still prevails, was true plague. The medical evidence on this point is too complete and detailed to admit of doubt. Moreover, Dr. Paduan, the head of the Ottoman Sanitary Administration in Bagdad, has had previous experience of the disease, notwithstanding its rarity of late years. His medical colleagues on the administration fully agree with him, and their conclusions are supported by the opinion of Surgeon-major Colvill from personal observation of the disease in 1867, 1875, and 1876 in the infected towns and districts. Messrs. Gray, Dawes, and Co. are, we fear, suffering from the very vexatious restrictions which have been imposed on ships trading to the Persian Gulf by the Ottoman, Egyptian, and other Governments; but they are in error in supposing that true plague is not now, and has not been for several months, prevalent in Bagdad and the district lying to the south-west of that city.

A SEPARATE REGISTER FOR MIDWIFERY CERTIFICATES.

ONE of the most difficult questions brought before the Council in the last days of its sittings was that of the propriety of the registration of midwifery certificates independently of qualifications to practise medicine and surgery. The question arose out of communications from the College of Surgeons and the Obstetrical Society. The Council expressed the opinion that it is a serious fault of the Medical Act that it allows the registration of such certificates, and that the fault should be corrected by legislation. Sir Dominic Corrigan made an excellent suggestion, which was unanimously adopted by the Council, that a separate register should be instituted for women who have been examined in midwifery and have obtained certificates from any of the corporate licensing bodies included in Schedule A. This is quite a separate question from that of the full qualification of women, and the registration of those so qualified. We feel sure that Sir Dominic's plan of dealing with mere midwifery certificates, whether held by men or women, is the right one. It would give the holders a certain recognition, and would preserve the great distinction between partially and fully educated persons.

CONVERSAZIONE AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ON Tuesday last, the 6th inst., a *conversazione* was given by the Royal Medical and Chirurgical Society at its rooms in Berners-street. There was a large attendance of fellows and guests (some of whom had come from the provinces), who were received by the President of the Society, Sir James Paget; but at no time of the evening were the rooms inconveniently crowded. There was a large collection of works of art, including paintings and water-colour drawings contributed by Sir H. Thompson, Mr. Prescott Hewett, Dr. Hare, Dr. C. J. B. Williams, &c.; and Messrs. Seymour Haden and J. L. Propert showed some beautiful etchings. Dr. Sibson contributed his valuable collection of specimens of Wedgewood ware, and among other contributions were specimens of fossils contributed by Drs. Cotton and Farre; histological preparations by Drs. Gowers and Thin, the former also showing a series of ophthalmoscopic drawings. The gathering was, as it always is at the Medical and Chirurgical Society, a most successful one.

ST. GEORGE'S HOSPITAL.

No fresh facts have been made known respecting the frightful accident that occurred at St. George's Hospital on Saturday last. The public have been kept uninformed alike respecting the causes of the accident and the persons on whom the responsibility of the affair rests. Nothing short of most searching and impartial inquiry will satisfy the demands of the public in this matter. We believe that such an inquiry is now being held, and we may therefore safely defer further comment until the official report appears.

SIR WILLIAM FERGUSSON.

SIR WILLIAM FERGUSSON'S condition has undergone no very material change during the last week. He has generally slept well, has been comparatively free from difficulty of breathing, and within the last few days there has been some decrease of the dropsy.

PROFESSOR MAGGIORANI presided at the meeting of the Medical Academy of Rome, held on the 28th ult., to consider the best means of dissipating the impression of the unhealthiness of the city and of its unfitness as a residence for foreigners. Doctors Lanzi and Terrigi, having for a series of months made minute examinations of the air of the different quarters, embodied the results in a paper, with the reading of which the proceedings opened. According to the authors, Rome in the spring and winter may be resided in without any danger, but in the autumn and summer certain quarters of the circumference are temporarily insalubrious, while the air maintains its good quality in the centre of the city. A topographical map was exhibited to illustrate their views. In conclusion, they contended that the climate of Rome becomes better every day. A prolonged discussion followed, in which many well-known Italian physicians took part.

SEVERAL schemes for securing for Liverpool an improved water-supply have of late been considered by the town authorities. The last and not the least feasible is that submitted by Mr. Bintley, an engineer, who proposes to obtain a supply from Haweswater, a lake distant about eight miles from Ullswater. It was affirmed that the quality of the water was equal in purity to that of any other lake in the kingdom; that filtering would be quite unnecessary, and that the supply from its own watershed would be something like 25,000,000 gallons per day. The scheme was favourably received by the committee, who have appointed members to visit the lake and make a thorough examination of its capacity.

MEASLES has been somewhat prevalent and fatal in the Kensington district during the last few weeks, and Dr. Orme Dudfield, the medical officer of health, has called the attention of the vestry to the increased mortality from this disease. Measles is so lightly regarded by parents—"an inevitable affliction, but of no consequence"—that little care is bestowed on the patients in the convalescent stage. Hence the perilous sequelæ of the disease, which not rarely carry off the little victims. The public cannot be too often told that when the disease is declining the patients are peculiarly susceptible to bronchial and pulmonary inflammation; they should therefore be well protected from cold, and not permitted to go out for some considerable time.

BLACKBURN appears to be threatened with an outbreak of small-pox; two cases are reported to have been removed to the workhouse, from which it may be presumed that the Town Council, as the sanitary authority of the borough, has hitherto neglected to provide any suitable provision for the isolation and treatment of cases of infectious diseases. We recently called attention to the fact that this urban sanitary authority had fixed the salary of their medical officer of health at £25 per annum, although the population of the borough exceeds 80,000. It is reported that the first case of small-pox in Blackburn was introduced from Blackpool, but Manchester or Salford is much more probably the real origin of the infection.

THE new periodical—and new periodicals are always starting into life—the *Langham Magazine*, of which we have the fourth number, for the present month, before us, contains some interesting and smartly written articles on current topics of a social, physiological, and psychological character, such as "The Jews of England," "The Vivisection Battle," "Civilisation, Ancient and Modern," and "Health and Holiday Haunts: Philadelphia." That on the vivisection question is a clear, well-considered, argumentative paper.

A PAPER by Dr. Charlton Bastian, entitled, "Researches illustrative of the Physico-Chemical Theory of Fermentation, and on the Conditions favouring Archebiosis in previously Boiled Fluids," is on the list of those to be read at the Royal Society at its last meeting on Thursday, June 15th. Probably it will only be possible to give a short time to this paper, though we understand that it is one of exceptional interest, and that it contains the record of fresh experiments made under entirely new conditions.

LORD SANDON, in reply to a question by Mr. Waddy, in the House of Commons, said, that "it was not proposed to fill up the vacancy caused by the resignation of Mr. Simon as medical officer of the Privy Council. Any advice which the Privy Council require would be obtained from the Medical Department of the Local Government Board." Mr. Sclater-Booth then said he had appointed Dr. Seaton to be the medical officer of the Local Government Board.

WE understand that a meeting of medical officers of health has been convened for next week, when a proposition will be made to present Mr. Simon, F.R.S., C.B., with a testimonial in recognition of his services to sanitary science.

MR. HEDLEY will hold an inquiry on behalf of the Local Government Board into the circumstances attending the death of the late Charlotte Hammond, whose case has formed the subject of much newspaper comment.

Correspondence.

"Audi alteram partem."

THE PROFESSION OF DENTAL SURGERY.

To the Editor of THE LANCET.

SIR,—It is a matter of surprise and regret to those gentlemen who have been instrumental in forming the Association of Surgeons practising Dental Surgery to find their unquestionable right to form a new society give rise to so much ill-feeling, especially as such cogent reasons exist for its formation.

1st. There are many points in our specialty—ethical and educational—which require amendment, whilst there is a necessity for a society in which those who have high professional views should have an opportunity of discussion.

2nd. The Odontological Society, by its constitution, is not calculated to fulfil the objects of the new Association, whilst, moreover, up to the present moment, it persistently refuses to amend its laws in relation to the admission of not only *wholly* unqualified practitioners (all of whom, if conducting their practices respectably, might have obtained the L.D.S. certificate upon nominal conditions), but even of those whose sole claim to admission is abstention from advertising for a short period.

3rd. Many whose opinions are entitled to respect consider that the present education of dental practitioners is insufficient, considering the many innovations which have taken place in modern practice, and hold that the special dental, like any other similar certificate, should only be accessory to the full degree of the College of Surgeons.

Finally, the assumption of your correspondents that the members of the Association assume themselves to be a representative body is incorrect and unfounded, their sole object being to bring together a body of gentlemen with kindred sympathies to discuss scientific subjects in common with their medical *confrères*, and to advance professional education. Moreover, your correspondents seem to have misinterpreted your recent article entirely, which was a fair and independent criticism, evidently aimed at those uneducated and unqualified persons who so disgrace the fair name of our specialty in the estimation of a public who are too often unable to distinguish between educated practitioners and ignorant charlatans. I am certain that none of those with whom I am associated would deny that the dental licentiateship has done service in its time, or would wish to cast a slur upon the many respectable owners of that certificate, but its institution twenty years ago, when for the most part the dentist held no qualification, cannot surely be a proof that further educational progress is unnecessary. All reform is for the future, and cannot be effected without interfering, to some extent, with existing interests. It is difficult to understand how any educated men can oppose a movement which has for its sole object the advancement of their profession, while several of those who have signed the so-termed protest have already expressed their sympathy with our views. It is impossible to see that a number of surgeons practising a specialty, in the ranks of which are many unqualified men, are pursuing other than a consistent course in associating together with the object of discussing those principles which pertain to their views of professional advancement, which they feel will be best attained, not by monopolies in special education and by attempts to dissuade men from aspiring to the highest educational standard, but by the recognition of their specialty, in common with other specialties concerned in the treatment of individual organs, as an integral part of the science and art of medicine.

I am Sir, your obedient servant,
GEORGE PARKINSON, M.R.C.S.

To the Editor of THE LANCET.

SIR,—I am requested to ask you to be so kind as to insert the names of those gentlemen who have joined the Association of Surgeons practising Dental Surgery.

Yours, &c.,
HAMILTON S. CAR. WRIGHT, Hon. Sec.

Samuel Cartwright, F.R.C.S., L.D.S.; Samuel James Augustus Salter, M.B. Lond., M.R.C.S., L.S.A., L.D.S., F.R.S.; Alfred Coleman, F.R.C.S. (Exam.), L.R.C.P., L.M., L.D.S.; John Smith, M.D., F.R.C.S., F.R.S.E.; John Hamilton Craigie, M.R.C.S.; Francis Fox, M.R.C.S., L.R.C.P.; James Andrew Baker, F.R.C.S., L.M.; Thomas Edgelow, M.R.C.S., L.R.C.P.; George Gregson, M.R.C.S., L.D.S.; George Parkinson, M.R.C.S., L.S.A.; Edwin John Winterbottom, M.R.C.S.; Hasler Harris, M.R.C.S.; C. Henry Bromley, M.R.C.S., L.D.S.; Edward Bartlett, M.R.C.S.; James Merryweather, M.R.C.S.; Tullius Ward Fay, M.R.C.S.; Peter Orphoot, M.D., F.R.C.S.; Charles Gaine, M.R.C.S.; John Fairbank, M.R.C.S.; William Bartlett, M.R.C.S.; William A. Cattlin, F.R.C.S., L.S.A., L.D.S.; Thomas Cooke Parsons, M.R.C.S.; William Cattlin, M.R.C.S., L.D.S.; John Herring Parkinson, M.R.C.S.; Richard Risdon, M.R.C.S.; Nathaniel Stevenson, M.R.C.S., L.D.S.; Hamilton S.

Cattwright, M.R.C.S., L.D.S.; William Donald Napier, M.R.C.S.; Augustus Winterbottom, F.R.C.S. (Exam.), and other gentlemen who take an interest in oral surgery.

In addition to those who have joined the Association, Howard Hayward, M.R.C.S., L.D.S., Isidor Lyons, M.R.C.S., L.R.C.P., L.S.A., L.D.S., Robert H. Moore, F.R.C.S., and Alexander Morley, F.R.C.S., are seeking election.

To the Editor of THE LANCET.

SIR,—It would excite a good deal of public merriment if the Liberal minority in the House of Commons could be induced to publish a document disclaiming the Conservative majority, and emphatically denying its claims to in any way represent the body which it professes to represent; yet an almost analogous case is presented to your readers by the five-and-twenty qualified surgeons practising dentistry who have, in somewhat eccentric English, delivered themselves of a protest against the Association of Surgeons practising Dental Surgery.

No one can raise a doubt that it was open to them to disavow connexion with the Society in question, and even to express publicly disapproval of its tenets, if it pleased them to do so; but, to use their own words, and in the order in which they place them, "to entirely disclaim the Association," is an expression of feeling that can hardly fail to cause amusement.

The objects of the Society thus eloquently repudiated, its rules of action, and its hopes for the future, are too well known to you, Sir, and, through the unfailing sympathy and courtesy of the medical press, to most of your readers, to require recapitulation from me. One word regarding its success I may be allowed to add; for those who, like yourself, have from its commencement done ample justice to the motives of its promoters will learn with satisfaction that, although newly formed, with many to oppose and with much obloquy to endure at the hands of those who have resented what was unfavourable to themselves or their friends in the exclusiveness of its terms of admission, the Association continues to flourish, numbering already more adherents than those who have enrolled themselves as its opponents, aided and strengthened by the co-operation of many who, but for the rigidity of the governing principles at which its objectors have taken umbrage, could not benefit the Society as they are now doing by friendly contest upon equal ground.

Of the article in your journal which has indirectly called forth the public manifestation of antagonistic feeling it would not become me as a member of the Association to say much, but I may express my hope that those who gratuitously assume that it does injustice to the holders of the dental licentiateship will duly consider, before advocating the claim of wholly unqualified men to administer anæsthetics, the position in which those they seek to encourage would find themselves if an untoward accident were to bring them face to face with a coroner's jury. It is possible that from this point of view the amateur anæsthetist might obtain a clearer perception than he had before enjoyed of the fit objects of his gratitude—whether those who had persistently warned him of the risks to which he was exposing himself, or the men who, themselves protected by legal qualification from the condemnation that might, they were aware, at any moment overtake him, had emboldened him to pursue a path ending in a dilemma from which there could be, for him, no possible means of escape.

In conclusion, I venture again humbly to record the Society's claim to represent the body of qualified surgeons practising dental surgery who are labouring earnestly and continually to raise the status of their specialty by the only means by which it can, in their opinion, attain its true position, themselves faithfully adhering to the principles that have found favour in the eyes of so many of their brethren, and venturing to look forward with confidence to the attainment of the object of their desire at no very distant period.

I remain, Sir, faithfully yours,

WILLIAM DONALD NAPIER.

George-street, Hanover-square, June 7th, 1876.

To the Editor of THE LANCET.

SIR,—I am glad to see in your number of this week expressions which will satisfy your readers that you did not in your article of the previous week regard as unqualified practitioners those gentlemen who have gone through a course of surgical study almost equal to the present requirements, and far beyond that which at one time qualified its possessors for the membership of the College of Surgeons. The holders of the dental diploma also, at least those who have studied at the Dental Hospital of London, have been specially instructed in the administration of anæsthetics under such teachers as Messrs. Clover, Braine, Bailey, &c., and it would indeed be a hardship if after having passed their examination these should find their former teachers unable to meet them in consultation. A word also must be said on behalf of a few who, though possessing no diploma, have for many years conducted their practices in such a manner that they might fairly be regarded as were those in medical practice prior to the year 1815; but in regard to such as have neglected to avail themselves of the opportunities offered in their day for becoming qualified, it is certainly a question how far the qualified practitioner can meet them on equal terms. The Association of Surgeons practising Dental Surgery, whilst it most strongly insists on the importance of all who practise that special branch being fully qualified, certainly, if I correctly interpret its views, regards in a very different light the holders of the dental diploma from the holders of no diploma; indeed, were it otherwise, it would be difficult to reconcile the consistency of those of its members who are or have been members of the Dental Board of Examination at the College, teachers at the Dental Hospital, or even members of its committee.

I am, &c.,

Savile-row, June 7th, 1876. ALFRED COLEMAN.

To the Editor of THE LANCET.

SIR,—The persistent opposition of certain members of the Odontological Society to the new Association of Surgeons practising Dental Surgery is, I think, most unreasonable.

Of the "qualified surgeons engaged in dental surgery" who signed the protest published in your last number, and "entirely disclaim this Association," one attended the preliminary meetings, proposed the most important resolution, and assented to every one of the others.

In spite of recent events and suggestions, the Odontological Society has, I believe, deliberately declined to amend its rules. Reform, therefore, in these circumstances, must be, at the best, remote. I retired long ago from that Society, because I entertained a personal antipathy to those of its members who practised their specialty in a manner far removed from any notion of professional etiquette, and I have joined this new Association because I find it *must* exclude from fellowship all (whether qualified surgeons or otherwise) whose conduct is inconsistent with a higher standard of professional ethics.

I am, Sir, your obedient servant,

NATH. STEVENSON, M.R.C.S.

Wimpole-street, Cavendish-square, 6th June, 1876.

To the Editor of THE LANCET.

SIR,—Your excellent article of the 27th ult. on "Dental Anæsthetics and Dental Surgeons," and your attention to the recently formed "Society of Surgeons practising Dental Surgery," appear to have created much unnecessary excitement amongst a certain number of qualified men who wish to pander to those who are disqualified from joining it, or simply to form a faction of opposition because they have not been instrumental in promoting it. All true reforms meet with opposition, and this one is no exception. But surely opposition should not come from those qualified to know how much such a society is needed. Let those gentlemen who declaim against your remarks scrutinise the list of members of the Odontological Society, and ask themselves if it be necessary to sweep the Augean stable or not.—I remain, Sir, yours faithfully,

CHARLES GAINE, M.R.C.S.,

Dental Surgeon to the Royal United Hospital, Bath.

Bath, June 6.

THE ROYAL COLLEGE OF SURGEONS.

A MEETING of the Council was held on Thursday evening. After some routine business, a discussion as to granting the midwifery licences to women ensued. It was resolved to defer action in the matter in expectation that some legislative proceedings on the general subject of the admission of women to the profession would take place during the year. Lord Carnarvon's Cruelty to Animals Bill was discussed. There was a decided feeling that the Bill was unnecessary, and opposed to scientific progress. A letter from Mr. Quain was read resigning his office of representative of the College at the General Medical Council. It was notified that Mr. Brudenell Carter had presented the College with a portrait of Robert Adair.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members having passed the required examinations for the Fellowship on the 25th, 26th, 27th, 29th, and 30th of May, were, at a meeting of the Council held on the 8th inst., duly admitted Fellows of the College:—

Clutton, Henry Hugh, L.S.A., Witham, Essex.
Cottle, Ernest W., B.A. Oxon., L.R.C.P. Lond., Savile-row.
Cretin, Eugene, L.S.A., Mauritius.
Godlee, Rickman J., M.B., M.S. Lond., Henrietta-street.
Keetley, Charles R. B., Great Grimsby.
Lediard, Henry A., M.D. Edin., Cleveland-street.
May, Bennett, M.B. Lond., Birmingham.
Morgan, John H., M.A. Oxon., Chapel-street, Park-lane.
Osborn, Samuel, L.S.A., Brixton.
Pepper, Augustus J., Barrowden, Rutlandshire.
Pope, Harry C., M.B., B.S. Lond., Birmingham.
Ransford, Thomas Davis, L.R.C.P. Lond., Salisbury.
Roechel, Joseph W., L.R.C.P. Lond., Bath.
Sanders, Thomas, L.S.A., South Molton, Devon.
Shuter, James, Tufnell-park, Holloway.
Tweedy John, L.R.C.P. Lond., Harley-street.
Webber, William Littleton, L.R.C.P. Lond., Modbury, Devon.

Of the 30 candidates examined on the above-named days, 13 failed to satisfy the Court of Examiners, and were referred for twelve months.

At the same meeting the following Members were admitted Fellows of the College by election:—

Bennett, Joseph B., L.S.A., Cleckheaton.
Carter, James, L.S.A., Cambridge.

The annual meeting of the Fellows of the College, for the election of four members of Council, is announced to be held on Thursday, the 6th July next, at 2 o'clock P.M.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on June 1st:—

Birt, Louis Francis Hugh, Harcourt-terrace, Brompton.
Blaker, Thos. Frederic Isaacson, Portalade, Brighton.
Inman, Robert Edward, Amhurst-road, Hackney.
Owen, Charles James Rayley, Cleveland-square.
Scallon, Oliver Ernest, St. Martin's-lane, Charing-cross.
Whitley, Francis George Herbert, Truro, Cornwall.

The following gentlemen passed the Primary Professional Examination on the same day:—

Knaggs, Robert Henry Edward, St. Thomas's Hospital.
Leudon, Alfred Austin, University College.
Phillips, Alfred, University College.
Osborn, William Henry, Queen's College, Birmingham.
Whitcombe, William Philip, Queen's College, Birmingham.

IN accordance with a resolution passed at a general meeting of the Fellows, a *conversazione* will take place at the Royal College of Physicians on Wednesday, June 28th, at 9 P.M.

THE annual meeting of the Birmingham Medical Benevolent Society was held at Birmingham on May 26th. The honorary secretary (Mr. Bartleet) read the report of the directors for the past year, which congratulated the members upon the sound financial position of the Society and upon the benefits it conferred upon numerous recipients—the widows and children of indigent members. Dr. B. W. Foster was elected president, and Mr. T. H. Bartleet re-elected honorary secretary for the ensuing year. The annual festival of the Society was held after the meeting.

WE are glad to announce that Mr. Nathaniel Henry Clifton, F.R.C.S., of Cross-street, Islington, has been made a magistrate for the county of Middlesex. The appointment will give satisfaction equally to the profession and the public. There are few names better known or more respected in the north end of London than Mr. Clifton's.

MR. FREDERICK HAWARD, a surgeon practising at Luton, has recovered £1400 damages in the Nisi Prius Court, from the Great Northern Railway Company. It appeared that in May, 1874, the plaintiff, accompanied by his wife and child, was driving under one of the Company's bridges in Luton, when an engine blew off steam very loudly without warning, causing the horse to run away, and in the accident which followed severe injuries were received by the occupants of the carriage.

Births, Marriages, and Deaths.

BIRTHS.

ARMSTRONG.—On the 27th ult., at Victoria-terrace, South Shields, the wife of J. F. Armstrong, M.D., of a son.
ATHILL.—On the 6th inst., at Faversham, Kent, the wife of Blennerhassett Athill, L.R.C.P.I., of a daughter.
LONGWORTH.—On the 24th ult., at Moate, co. Westmeath, the wife of Peter Longworth, M.D., of a son.
MEIKLEJOHN.—On the 30th ult., at Notting-hill-square, the wife of John W. S. Meiklejohn, M.D., Fleet-Surgeon H.M.S. *Orontes*, of a son.
NUNNELEY.—On the 1st inst., at Park-place, Leeds, the wife of John A. Nunneley, M.B., of a daughter.
STEWARD.—On the 1st inst., at Newton Heath, Manchester, the wife of Alfred Steward, L.R.C.P.Ed., M.R.C.S.E., & L.S.A., of a daughter.

MARRIAGES.

CLARK—HARGREAVES.—On the 1st inst., at the Parish Church, West Derby, near Liverpool, by the Rev. Drummond Anderson, M.A., assisted by the Rev. Holland Lomax, M.A., Andrew Clark, Esq., F.R.C.S., of Cavendish-place, London, to Mary Helen, eldest daughter of Joseph Hargreaves, Esq., of West Derby. No cards.
PEGAN—MOSS.—On the 18th ult., at St. Martin's, St. Helena, by the Most Rev. the Lord Bishop of St. Helena, assisted by the Rev. J. C. Hands, Henry Pegan, M.D., C.B., Fleet-Surgeon Royal Navy, to Louisa M. Moss, daughter of George Moss, Esq., The Briars, St. Helena.
MORCOM—FARR.—On the 1st inst., at the Priory Church, Dunstable, by the Rev. Frederick Hose, Rector, assisted by the Rev. C. B. Harris, Augustus Morcom, L.S.A., Coniston, Lancashire, to Alice Kate, third daughter of Frederick Farr, M.R.C.S. No cards.

DEATHS.

COLLINGWOOD.—On the 29th ult., at Corby, Joseph Collingwood, M.R.C.S.E., aged 66.
JENKINSON.—On the 4th inst., at the Leeds Public Dispensary, Harold Jenkinson, Senior Resident Medical Officer, aged 25.
LINTON.—On the 29th ult., at Oundle, Charles Linton, M.R.C.S.E., aged 67.
MOORHOUSE.—On the 29th March, at Melrose, South Australia, Matthew Moorhouse, M.R.C.S., aged 64.
MORRIS.—On the 20th ult., at Blackpool, Charles Henry Morris, M.D., aged 56.
PATTERSON.—On the 24th March, at St. Kilda, near Melbourne, Australia, James Patterson, M.D., formerly of Downham Market.
PRITCHARD.—On the 24th ult., at Saltash, Richard Davison Pritchard, M.R.C.S.E., Staff Surgeon R.N. (Retired List), aged 58.
SHANNON.—On the 25th ult., at Bralisford, Thomas Edward Shannon, M.D., aged 42.
SHEPHERD.—On the 1st ult., at sea, on the passage home, William Ashton Shepherd, L.R.C.P.Ed., Surgeon-Major Bombay Army, Port-Surgeon at Aden, aged 54.
SMITH.—On the 2nd inst., from drowning, at Chichester, Sumner Wyke, the eldest son of Henry Smith, Esq., F.R.C.S., Wimpole-street.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

METEOROLOGICAL READINGS

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, JUNE 9TH, 1876.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
June 2	30·09	W.	50	56	91	70	48	...	Hazy
" 3	29·89	S.W.	50	53	102	69	49	0·05	Cloudy
" 4	29·79	S.W.	50	58	104	68	50	0·09	Cloudy
" 5	29·80	S.W.	54	58	67	61	50	...	Overcast
" 6	30·04	W.	54	56	95	68	53	0·09	Rainy
" 7	30·04	W.	51	59	99	68	53	...	Cloudy
" 8	29·94	W.	52	58	...	...	49	...	Cloudy

Notes, Short Comments, and Answers to Correspondents.

HEALTH REPUTATION OF WATERING-PLACES.

DURING the past two or three years watering-places have begun to display an amount of sensitiveness as to their health reputation which frequently assumes a somewhat feverish character. Last week a number of residents of Southport met one evening for the purpose of burning, in effigy, a local medical practitioner and member of the Town Council. It appears that Dr. Lang, when recently examined before the Parliamentary Committee on the Southport Improvement Bill, gave evidence relating to the sanitary condition of this favourite watering-place which it is feared will damage its reputation. This evidence has been locally stigmatised as not only mischievous, but utterly untrue. Not satisfied with burning the offender in effigy, a requisition for a public indignation meeting is in preparation, and is said to have been influentially signed. The result of all this virtuous indignation is to call public attention to assertions and facts concerning the health of Southport which would scarcely have been heard of but for this injudicious action on the part of the Southport residents. As to the reported prevalence of typhoid fever in Southport, the Returns of the Registrar-General show that during the year 1875 the death-rate from fever was equal to 1·5 per 1000 of the population; whereas in Liverpool, one of the most unhealthy towns in England, with all its poverty and squalor, the fever-rate was less than 1 per 1000. We would advise the inhabitants of Southport to study the reports of the medical officer of health, Dr. Vernon, when they will find that typhoid fever has been endemic in Southport—a fact that may be mischievous, although it is certainly not untrue.

Mr. David Alexander.—Our correspondent has just grounds for complaint.

TREATMENT OF INSANITY.

To the Editor of THE LANCET.

SIR,—Dr. Hack Tuke has done the profession a service by forwarding to you for publication the interesting letter of Dr. Ray, of Philadelphia, touching the "non-restraint system."

For my part I have to confess to heterodoxy on this question, and to declare that the Americans and French seem to have by far the best of the argument. Is it not astonishing that Englishmen should be bound down by a creed on such a subject as this? Sectarianism is everywhere an evil; but it is unusually mischievous in the progressive and expanding science of medicine. Is it right that men should be

"Adjudged to death
For want of well pronouncing shibboleth"?

Yet this is the spirit in which the non-restraint system is upheld in this country. There are, as Marcé has said, "Quelques médecins anglais, qui mus par un sentiment excessif de respect pour la liberté humaine, ont érigé le *no-restraint* en corps de doctrine." A dogma or body of doctrine assumed to be infallibly true, and from which no one must dissent on pain of being charged with heresy, is laid down, and from this is deduced the main principle and method of treatment of the insane in this country. To so ridiculous an issue has the dogma been pushed that the use of opiates has been stigmatised as "chemical restraint," and denounced accordingly.

I will not now discuss the question whether the non-restraint system is responsible or not for the murders, suicides, broken ribs, throttlings, bruises, and violences in general in our asylums, with which the newspapers reek, and which disgrace the Annual Reports of the Lunacy Commissioners. I will not even stop to inquire whether it is more humane to blister the fingers of lunatics, to prevent tearing up of clothing, than to employ mechanical restraint for the same purpose. On this occasion I content myself with pointing out that high authorities—such, for instance, as Auguste Voisin, the distinguished physician of the Salpêtrière—hold that mechanical coercion is valuable as a remedial measure in the treatment of the insane. If this is a correct view, then it is grossly wrong to exclude such a remedy from the repertory of medicine, and all who denounce it and help to banish it from practice incur a most grave responsibility. It must be conceded that the first object in the treatment of the insane is the cure of the insanity. The triumph of the mental physician does not consist in showing how successfully lunatics can be drilled and regimented. The recovery of the patient is the triumph of the physician. For my part I believe that rest to the organ that has suffered lesion, rest to the impaired brain, is the central pivot on which the right treatment of insanity turns, and I further believe that amongst the most effectual methods of procuring this highly needful rest, mechanical restraint holds no mean place.

"Est modus in rebus: sunt certi denique fines,
Quos ultra citraque nequit consistere rectum."

But men are very liable to run into extremes, and they have done so in the present instance. The pendulum of opinion, in rebounding from the horrors of the old days, rebounded too far. Hence what good there might be in restraint has been renounced through dread of evils, which, nevertheless, are easy to avert. The wheat has been pulled up with the tares.

I hope on some other occasion to treat the subject of rest to the brain more in detail. Meanwhile I await with curiosity your promised summing-up of the whole case introduced by Dr. Ray.

I am, Sir, yours &c.,

Kingswinford, May 29th, 1876. G. F. BODINGTON.

PROFESSOR SCHIFF.

THE Freemasons of the Valley of the Arno, including several distinguished citizens of Florence, have addressed a few valedictory words of goodwill to Professor Schiff on the occasion of his leaving the Tuscan capital for Geneva.

Professeur Cordes (Geneva) is thanked for his interesting communication.

METHOD OF PREVENTING THE DISCHARGES FROM PASSING BETWEEN THE SKIN AND DRESSINGS.

DR. C. PENNINGTON, House-surgeon, Bellevue Hospital, New York, has successfully practised the following method for obviating a common cause of annoyance arising from the passage of the purulent discharge between the skin and dressing in cases where a compound fracture has been placed in a plaster-of-Paris bandage or other immovable dressing, and the requisite fenestra made. The method simply consists in causing a piece of oil-silk to adhere to the skin beneath the wound, and, by its aid, conducting the discharge into any vessel placed to receive it. The oil-silk is secured by first brushing over the skin the ordinary collodion, and then applying the oil-silk, and finishing by applying another coat of collodion on the surface of the oil-silk.

Mr. Francis Hawkins.—Forgery is a crime. Our correspondent should consult his lawyer or a magistrate.

Rus.—Wilks's Morbid Anatomy; Green's Manual of Pathology; and Redwood and Pereira's Materia Medica.

VESICATING COLLOID.

MESSRS. GALE AND CO., of Bouverie-street, Fleet-street, have brought under our notice a blistering agent under this name. It is prepared by exhausting powdered cantharides by means of acetic ether and alcohol. The cantharides is tightly packed in a percolator, and the ether and spirit passed through until it is quite exhausted. To this solution a sufficient quantity of pyroxylin is added to convert it into collodion. This is next rendered flexible by the addition of Canada balsam and castor oil. The preparation is a powerful vesicant, and has the great advantage of not spreading like the ordinary blistering liquids.

Dr. Brown.—We will endeavour to comply with our correspondent's request.

MEDICAL RELIEF AS A LEGAL QUESTION.

To the Editor of THE LANCET.

SIR,—In commencing your annotation of this day on this subject you state: "It is undoubtedly true that the present state of the law empowers a relieving officer to withhold nourishment ordered by the medical officer of the union."

I would submit that this interpretation of the General Consolidated Order (24th July, 1847) must not be taken without some qualification. Under the heading in this Order, "Duties of a Relieving Officer," appear the following words, which obviously must be taken in context with the *imperativeness* of the preamble of the article:—

"Art. 215. The following *shall* be the duties of a relieving officer.....

No. 5. In every case of a poor person receiving medical relief, as soon as may be, and from time to time afterwards, to visit the house of such person, *and until the next ordinary meeting of the guardians, to supply such relief (not being in money) as the case on his own view, or on the certificate of the district medical officer, may seem to require.*"

There is nothing whatever of a *permissive* character in these italicised words of this *otherwise* really valuable article. *In the intervals of the ordinary meetings* of the Boards of Guardians, the law, as it appears to me, throws an *obligatory* responsibility on the relieving officers. I would venture to assert that if, *at any period of this interval*, a relieving officer refused "to supply such relief," a local magistrate could compel obedience to Art. 215, unless the said officer could satisfy justice that the said pauper had the means wherewith otherwise to obtain what he "seemed to require." In the case of death from the absence of such "requisites," the relieving officer would have to answer a coroner's jury.

Yours obediently,

June 3rd, 1876. AN EX-PARISH DOCTOR.

Nimrod.—Excellent information will be found in Roberts's work on Urinary and Renal Diseases. A handy little work is Tyson's Guide to the Practical Examination of Urine (Trübner).

An Utter Stranger.—We never recommend a particular surgeon or physician. Our correspondent may place himself in the hands of any surgeon of repute, with the conviction that he will be fairly treated.

Mr. Gray is thanked.

E. M. S.—Angus Smith's Air and Rain, or Blyth's Dictionary of Hygiene.

MONEY LENDERS AND LIFE ASSURANCE: A CAUTION.

To the Editor of THE LANCET.

SIR,—Several cases having come before me of medical men, clergymen, and others, who have been defrauded of sums varying from £5 to £50 through the influence of money-lenders, I feel it to be my duty to caution those who wish to borrow money (unfortunately a large class) against all so-called money-lenders who require, as one of the conditions of the loan, that the applicant shall insure his life in an office to be selected by the lender.

The system pursued has been invariably the same in the numerous instances that have come under my notice. After a certain correspondence the victim is induced to effect a policy (usually for double the amount of the proposed loan) in an office previously unknown to him, and to forward the receipt for the first year's premium to the disinterested money-lender, who then demands certain fees for "legal expenses," although the advertisement stated that no legal charges are made! An additional sum having been thus extorted, the victim of misplaced confidence finds himself minus a certain sum of money, and holding a policy which is certainly not worth renewing for the sake of wife and family!

I could disclose more and give some interesting details; but forbear doing so, having trespassed already too much on your valuable space.

I am, Sir, yours truly,

DANIEL HOOPER, B.A. & M.B. Lond.,
Physician to the Surrey and Public Dispensaries, &c.

Trinity-square, S.E., May 26th, 1876.

PLAGUE IN MESOPOTAMIA.

Messrs. Gray, Dawes, and Co. have written to us two letters on this subject, of which the only sentence that need be referred to is the following:—"We and all others connected with Mesopotamia deny positively that plague, so called, has visited Mesopotamia either this year or last, and as yet it is unknown from where the untrue statements have emanated; they have not come from Bagdad." It is a pity that, before writing this sentence and the letters generally, Messrs. Gray and Co. had not made inquiries at the Foreign Office or Local Government Board as to the information in the possession of the Government respecting plague in Mesopotamia, and it is extraordinary that they should be unacquainted with Consul-General Nixon's and Surgeon-Major Colvill's report on the subject. Not a shadow of doubt rests upon the minds of the several competent medical observers, who have seen the fatal disease now and for a little time back prevalent at Mesopotamia, that that disease is true plague.

Mr. Lloyd.—The possibility of metastasis should not be overlooked. Has the patient recently suffered from mumps?

Dr. James E. Pollock's lecture has been received.

A Middle-aged Bachelor.—Recourse should be had to a medical practitioner.

LONDON HOSPITAL SCHOLARSHIPS.

To the Editor of THE LANCET.

SIR,—I have been informed that four out of the five Scholarships open for competition to the students of this College were not awarded this year. I know of three myself that were not awarded—viz., the two Buxton Scholarships of £30 and £20 respectively, and that in Human Anatomy of the value of £20. Why they were withheld does not appear very clearly. I know of several men who worked very diligently with a view to obtaining the Scholarship in Anatomy awarded to first-year's men, some of whom were certainly very well up for first-year's men. I suppose the answer to this question would be that these gentlemen did not come up to the fixed standard of competence entitling to the Scholarships. I cannot help thinking that the standard is placed too high. It certainly should not be expected that every year will produce men of equal merit, and if the object of awarding Scholarships is to induce men to work, it will not tend to do so if they are constantly being withheld. As I was not one of the competitors, I am not writing under the influence of disappointed expectation, but as a calm looker-on. I did intend to compete for a Scholarship next year; but the knowledge of these facts has tended somewhat to cool my ardour in the pursuit of that end.

It would be as well for students intending to enter at the London Hospital College, and who are dazzled by the brilliant advertisement prospectus appearing in the medical journals at the commencement of the session, to be made aware of the extreme contingencies affecting the obtaining of such Scholarships.

Yours truly,
June, 1876. AN ELDER STUDENT.

EXCISE STAMPED PAPER IN FRANCE.

WE sometimes complain of hardships as to taxation in this country; but our brethren in France are worse off. In the first place, no medical man can practise without a licence, which costs some hundreds of francs a year; and in the second place, he must not write a certificate or any other legal document except on paper bearing the Government stamp. Heavy fines have been inflicted for neglect in the latter respect.

Student.—1. No.—2. Such models may be obtained in Paris, Rue d'Ecole de Médecine.—3. There are no English works specially devoted to the subject.

MEDICAL SOCIETY OF LONDON.

To the Editor of THE LANCET.

SIR,—Is it true, as I have been informed, that this Society includes amongst its Fellows those who have neither a medical nor a surgical qualification? If so, I know many who would like to join its ranks.

Yours &c.,
June, 1876. L.D.S.

M.R.C.S.—Gray's Anatomy; Carpenter or Kirkes's Physiology; Paget's Lectures on Surgical Pathology; Erichsen or Bryant's Surgery; Holden's Landmarks.

Dr. Menzies' (Naples) communication should be addressed to the Editor of the journal in which the article appeared.

THE letter from *Mr. John Tomes*, on "Dental Surgeons and Surgery," shall appear next week.

COLD IN THE HEAD.

To the Editor of THE LANCET.

SIR,—In your issue of April 8th I read an article by Dr. Ferrier with the above heading.

In 1871, when a student at King's College, being anxious to alleviate a severe cold in the head, from which I was then suffering, I tried as an experiment the effect of a combination of opium powder and compound tragacanth powder, the former in the proportion of one to two. I used it as snuff, taking pinches at short intervals. In less than two days my cold was thoroughly cured. I afterwards prescribed it to several friends, always with the same good result.

Yours truly,
St. Vincent, W.I., May 9th, 1876. R. SNAGG, L.R.C.P. Edin., &c.

FEMALE DOCTORS.

WITHIN the last ten years the University of Zurich has conferred the diploma of Doctor on thirteen ladies who had studied at the Faculty of Medicine. Two others obtained the degree of Doctor of Philosophy, and three were granted the diploma of Professor of Special Scientific Subjects.

L.R.C.Phys.—Our correspondent's position was not that of a consulting practitioner, but of a practitioner who has been called upon to supersede another. A consultant meets the practitioner in attendance.

Mr. E. H. Jacob, (Leeds.)—Thanks.

DR. NORMAN CHEVERS.

THE *Indian Medical Gazette* in its number for May has a leading article on Dr. Chevers, who has now returned to England, in which his valuable services to science and to the State are set forth. "Few men," says our contemporary, "have done so much for the true welfare of India, for the preservation of health, for the safety of Britain's sons and the consequent addition to our strength, for the education of the natives, and for the name of Englishman, as Norman Chevers. Long shall his name be known as a man who in his day was the bright ornament of the profession in India. Had Dr. Chevers entered any other walk in life, or followed any other calling, decorations would now adorn his breast, and honours would pour in upon him."

Inquirens.—Supposing there to have been no history of previous illness that would account for sudden death, medical evidence should have been called. Without it the inquest was useless.

THE NEW INVENTION.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to state that while house-surgeon at at University College Hospital I frequently used, and have seen others use, an ordinary umbrella ring for the minor operations which fall to the lot of the house-surgeon. It is, no doubt, easy to apply; but, in my opinion, is more trouble than Esmarch's "accumulator" after the member has been removed, as it cannot be unhooked, but must be rolled down the limb again before it can be taken off.

Yours obediently,
Wimbledon, June, 1870. R. T. P. COLLYNS, M.R.C.S.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. G. Johnson, London; Dr. Pollock, London; Dr. Bastian, London; Mr. H. Smith, London; Mr. H. Walton, London; M. Decroix, Lyons; Mr. Collings, Darlaston; Mr. White, London; Dr. Parcell, London; Mr. L. Holland, Newcastle; Mr. Gaine, Bath; Mr. Rhodes; Mr. Arthur; Mr. Stevenson, London; Mr. Swanwick; Mr. W. H. Wright; Mr. Rankin, Kilmarnock; Mr. Britain, Chester; Mr. Odell, Hertford; Mr. John Tomes, London; Mr. French, Shoeburyness; Mr. Pizzi, London; Dr. Hunter, Devonport; Dr. Crombie, North Berwick; Mr. Dimbley, London; Dr. Hooper, London; Mr. Jamieson; Dr. Menzies, Naples; Mr. Godfrey, Northampton; Dr. Fowler, London; Mr. Ormsby; Mr. Jacob, Leeds; Dr. Buchanan, Glasgow; Mr. Crabb, Babington; Mr. Cooper, Bolton; Dr. Levinge, Fareham; Mr. Jones, Alcester; Mr. Cresswell, Ramsgate; Mr. Ensor, Port Elizabeth; Dr. de Havilland Hall, London; Mr. O'Grady, London; Dr. Macdonald, Belhelvie; Mr. Rogers, London; Mr. Coleman, London; Mr. Pentland, Leominster; Mr. Underwood; Mr. Taylor; Mr. Collyns, Wimbledon; Mr. Gardner, London; Dr. MacClure, Wcole; Mr. Brown, West Bromwich; Dr. Culbard, Dunkeld; Dr. Sagar, Leeds; Dr. Hunter; Dr. Alexander, Hull; Mr. Hall, Lymington; Mr. Graham, Fordingbridge; Mr. Renshaw, George Town; Dr. Edis, London; Mr. Chappell, Ware; Dr. Latour, Bordeaux; Mr. Bennett, Truro; Mr. Sharman; Dr. Campbell, Central India; Dr. Williams, Liverpool; Mr. Pope, London; Mr. Pearce, Maidenhead; Mr. W. de Roberts, Punjab; Dr. Putnam, Boston, U.S.A.; Mr. Lucas, Neemuch; Mr. Spicer, Boston, U.S.A.; Dr. Davis, Hanley; Dr. Aithill, Faversham; Mr. Head; Mr. Bell, Bradford; Mr. R. Crane, Walthamstow; Mr. Miller, Horsham; Mr. Howson, Chatham; Mr. Bull, Stoney Stratford; Mr. Clayton; Mr. Wilson; The Secretary of the British Medical Association; E. M. S.; Inquirens; A Middle-aged Bachelor; Medicus, Hull; Beta; The Registrar-General of Edinburgh; M. G. T.; Observer; M.D.; M.R.C.S.; Rus; J. M., Ely; A. M. D., Brook Green; An Utter Stranger; P.; A City Merchant; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Granshaw, Gravesend; Messrs. Harvey and Reynolds, Leeds; Mr. Williams, Dieppe; Mr. Richardson, Rhayader; Mr. Woodburn; Mr. Theobald, Leicester; Mr. Steward, Newton Heath; Mr. Leach, Sheffield; Mr. Cousins, Newport; Mr. O'Reilly, London; Mr. Parkyn, Looe; Mr. Magnus, London; Mr. Sharp, Cullen; Dr. More, Rothwell; Dr. Ginders, Normanton; Mr. Brown, Tredegar; Dr. Crowther, Luddenden; Mr. Jenkinson, Leeds; Mr. Sowerby; G. M. S., Trowbridge; L.R.C.P.; J., Sheffield; Alpha; G. P., Uppingham; D. G. B.; A. Y. Z.; Kent; A. B. C., London; M. M., Ventnor; Bedford; Scalpel, Bishop-Auckland; Delta; Medicus, Derby; L. T., Okehampton; H. M. B.; Medicus, Petworth; Solicitor; Veritas; G., Totnes; Medicus, Great Marlow; A. H., Wrexham; W. G., Looe.

Hastings and St. Leonard's Observer, Surrey Advertiser, Newcastle Daily Chronicle, East London Observer, Spiritualist, Manchester Guardian, Cork Constitution, Shrewsbury Chronicle, Record, Western Morning News, Liverpool Post, Hampshire Independent, and *York Herald* have been received.

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